

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-03-2007 90013 040 ****61.25

DOCUMENT # 754190					
1. Entity Name ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO SONS OF ITALY LODGE NO. 2463					
Principal Place of Business 148 OVEROAKS PLACE SANFORD FL 32271 US			Mailing Address 148 OVEROAKS PLACE SANFORD FL 32271 US		
2. Principal Place of Business - No P.O. Box # 100 Cypress Ave		3. Mailing Address 100 Cypress Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SAINT CLOUD, FL.		City & State SAINT CLOUD, FL.		4. FEI Number 59-2624293	
Zip 34769	Country USA	Zip 34769	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMBRIANI, RALPH 6234 SPARKLING HILLS ORLANDO FL 32808				7. Name and Address of New Registered Agent Name CAROLYN CIANCIOTTA Street Address (P.O. Box Number is Not Acceptable) 100 Cypress Ave City SAINT CLOUD FL Zip Code 34769	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carolyn Cianciotta</i></u> DATE <u>4-24-07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CIANCIOTTA, CAROLYN 100 CYPRESS AVE SAINT CLOUD FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	T FOCARINO, DANIEL 148 OVEROAKS PLACE SANFORD FL 32271 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	OD CARBONE, NATE 4121 DANOY COURT WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	S MARCOLINI, ALMA 1132 W. WINGFOOT CIR WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	T FOCARINO, DOLORES 148 OVEROAKS PLACE SANFORD FL 32271 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	ELVERA SNYDER 134 W. Maitland Ave. Altamonte Sp. Fl. 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition T ELVERA SNYDER 134 MAITLAND AVE ALTAMONTE SPRINGS, FL. 32701		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Elvera Snyder</i></u> <u><i>Financial Secretary</i></u> <u>3/26/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

407-831-2029