

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754190

FILED
Mar 29, 2009
Secretary of State

Entity Name: ORDER OF SONS OF ITALY IN AMERICA, INC., ORLANDO SONS OF ITALY LODGE NO. 2463

Current Principal Place of Business:

100 CYPRESS AVE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

100 CYPRESS AVE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-2624293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANCIOTTA, CAROLYN
100 CYPRESS AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CIANCIOTTA, CAROLYN
Address: 100 CYPRESS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T () Delete
Name: SNYDER, VERD
Address: 134 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: OD () Delete
Name: CARBONE, NATE
Address: 4121 DANNOY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: MARCOLINI, ALMA
Address: 1132 W. WINGFOOT CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: FS () Delete
Name: GROGAN, TERRY
Address: 621 LAKEVIEW ST. #A-3
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SNYDER, VERA
Address: 134 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ADAM, LORETTA
Address: 5410 SILENT BROOK DR.
City-St-Zip: ORLANDO, FL 32821

Title: VP (X) Change () Addition
Name: CARSON, CONNIE
Address: 634 ARBUKLE CT
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN CIANCIOTTA

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date