FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755466** **(0)**

1. Corporation Name

SONS OF ITALY, GIUSEPPE VERDI LODGE NO. 2383, IN C.

Principal Place of Business	Mailing Address
83. INC. 6987 54TH AVENUE N. ST PETERSBURG FL 33709	83. INC. 6987 54TH AVENUE N. ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-2041783 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6196 44 AVE. NO.	26 6196 44 AVE. NO.
Suite, Apt. #, etc. 22 ST. PETERSBURG, FL.	Suite, Apt. #, etc. 27 ST. PETERSBURG, FL.
City & State 23	City & State 28
Zip 24 33709 Country 25 PINELLAS	Zip 29 33709 Country 30 PINELLAS

9. Name and Address of Current Registered Agent

MCCALL, JOHN
6987 54 AVENUE NO.
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8717 CALDER AVE.
83
84 City: TAMPA FL 85 Zip Code: 33604

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MCCALL, JOHN	1.2 NAME		
STREET ADDRESS	6987 54 AVENUE N.	1.3 STREET ADDRESS	8717 CALDER AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33604	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	RIZZOTTO, MARY ANN	2.2 NAME		
STREET ADDRESS	6987 54 AVE N.	2.3 STREET ADDRESS	6196 44 AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	LEGANO, RUTH	3.2 NAME		
STREET ADDRESS	6987-54 AVE N.	3.3 STREET ADDRESS	6196 44 AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Rizzotto - MARY ANN RIZZOTTO 4/24/95 544-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044010