

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755466 (0)

1. Corporation Name

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



Principal Place of Business

**6196 NORTH 44TH AVE
ST PETERSBURG FL 33709
US**

Mailing Address

**6196 NORTH 44 AVE
ST PETERSBURG FL 33709
US**

3. Date Incorporated or Qualified
12/09/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCALL, JOHN
8717 CALDER AVE
TAMPA FL 33604**

81 Name

LEO RIZZOTTO

82 Street Address (P.O. Box Number is Not Acceptable)

6196 44 AVE. NORTH

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Leo Rizzotto

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PD MCCALL, JOHN**
STREET ADDRESS **8717 CALDER AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **SD RIZZOTTO, MARY ANN**
STREET ADDRESS **6196 N 44 AVE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **TD LEGANO, RUTH**
STREET ADDRESS **6196 N 44 AVE**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **LEO RIZZOTTO**
1.4 CITY-ST-ZIP **6196 44 AVE. NO. ST. PETERSBURG, FL. 33709**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 SD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (813) 544-3384

Date

Daytime Phone

CR2E037 (12/95)