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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

FILED May 19 1998 8:00am Secretary of State

SONS OF ITALY, GIUSEPPE VERDI LODGE NO. 2383, IN C.					
Principal Place	of Business	Mailing Address		i indiii inda iniin iniis bidik diii dii	i Digit Bibit Bibit Bibit Bibit Bibit (68)
6196 NORTH 44TH AVE ST PETERSBURG FL 33709 US		6196 NORTH 44 AVE ST PETERSBURG FL 33709 US		3. Date Incorporated or Qualified 12/09/1980 4. FEI Number Applied For	
6 Data da al Di	and of Dunings	LOG Maling Address		59-2041783	Not Applicable
21	ace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt.	#, 6 10.	Suite, Apt. #, etc) ,	6. Election Campaign Financing	\$5.00 May Be
City & State	<u> </u>	City & State		Trust Fund Contribution	Added to Fees
23	,	28		7. Is this nonprofit corporation a hon	Yes No
Zip	Country	Zip	Country	This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curr			10. Name and Address of New Reg	
RIZZOTT	0. LEO		81 Name 82 Street Ac	ddress (P.O. Box Number is Not Acceptable	a)
	H AVE NORTH		0.0007.0	To book the most to the cooperation	~~
	RSBURG FL 33709		83		
			84 City		85 Zip Code
					FL T
11. Pursuant	the provisions of Sections 617.0	502 and 617.1508, Florida S	Statutes, the above-named co	orporation submits this statement for the pu	rpose of changing its registered
agent. I a	m familiar with, and accept the obl	ligations of, Section 617.050	was authorized by the corpo 3, Florida Statutes.	orporation submits this statement for the pure ration's board of directors. I hereby accept	the appointment as registered
SIGNATURE .				_	
SIGNATURE .	Signature, typed or printed name of registered	agent and little if applicable	(NOTE: Registered Agent signature re-	quired when reinstaling)	DATE
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agent and little If applicable	(NOTE: Registered Agent signature re-	_	DATE PRS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registered OFFICERS A	agent and little if applicable	(NOTE: Registered Agent signature red 13. E 1.1 TITLE	quired when reinstaling)	DATE PRS AND DIRECTORS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS APO RIZZOTTO, LEO	agent and little If applicable	(NOTE: Registered Agent signature red 13. E 1.1 TITLE 1.2 NAME	quired when reinstaling)	DATE PRS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A PO RIZZOTTO, LEO 6196 44TH AVE N	agent and little If applicable	(NOTE: Registered Agent eignature retails. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstaling)	DATE PRS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS A PO RIZZOTTO, LEO 6196 44TH AVE N \$T PETERSBURG FL	agent and little if applicable AND DIRECTORS DELETE	(NOTE: Registered Agent signature retails. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstaling)	DATE RS AND DIRECTORS IN 12 Change Additio
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indicated on this annual report or supplied with this timing does not quality in the exemption stated in section 1.19.07(3)(), Florida Statutes, 1 further certify that the informatic indicated on this annual report is reported 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 citanged, or on an attachment with an address.

(2) MARIANN RILLATO)