

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766120 (0)

1. Corporation Name

**FORT LAUDERDALE LODGE NO. 2263 ORDER SONS OF ITL
AY IN AMERICA, INC.**



Principal Place of Business

**3142 N.W. 113TH AVE.
SUNRISE FL 33323**

Mailing Address

**3142 N.W. 113TH AVE.
SUNRISE FL 33323**

3. Date Incorporated or Qualified
12/14/1982

3a. Date of Last Report
09/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6510843

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**BOMPADRE, PEGGY M
3142 N.W. 113TH AVE.
SUNRISE FL 33323**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BOMPADRE, PEGGY, M.**
STREET ADDRESS **3142 N.W. 113TH AVE.**
CITY-ST-ZIP **SUNRISE FL 33323**

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD MANCINI, HERMAN SR - (MANCINI)**
STREET ADDRESS **216 N.W. 42ND TERR.**
CITY-ST-ZIP **PLANATAION FL 33317**

2.1 TITLE **FINANCIAL SECTY.** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD DE LUCA, VINCENT (DE LUCA)**
STREET ADDRESS **9293 SHADOW WOOD BLVD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33017**

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

TITLE ☒ DELETE
NAME **VD MARINO, GLADYS**
STREET ADDRESS **3300 N. STATE RD. #7 BOX B 193**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

4.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
4.2 NAME **PATRICK RIZZI**
4.3 STREET ADDRESS **132 N.W. 60TH AVE**
4.4 CITY-ST-ZIP **MARGATE FL. 33063**

TITLE ☐ DELETE
NAME **FSD CAROCCIO, ALBERT J.**
STREET ADDRESS **9790 NW 20TH PLACE**
CITY-ST-ZIP **SUNRISE FL**

5.1 TITLE **FINANCIAL SECTY.** ☒ Change ☐ Addition
5.2 NAME **HERMAN T. MANCINI, SR.**
5.3 STREET ADDRESS **216 N.W. 42ND TERR.**
5.4 CITY-ST-ZIP **PLANATATION, FL. 33317-3114**

TITLE ☐ DELETE
NAME **D NELSON, PAUL H.**
STREET ADDRESS **7302 N.W. 65 ST.**
CITY-ST-ZIP **TAMARAC FL**

6.1 TITLE **ORATOR** ☒ Change ☐ Addition
6.2 NAME **SALVATORE PARENTE**
6.3 STREET ADDRESS **2500 N.W. 83RD AVE.**
6.4 CITY-ST-ZIP **SUNRISE FL 33322**

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:

Herman J. Mancini Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)