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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766120** (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

**3142 N.W. 113TH AVE.  
SUNRISE FL 33323-1434**



3. Date Incorporated or Qualified  
**12/14/1982**

3a. Date of Last Report  
**04/15/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-6510843**

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

**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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

TITLE **FSD**  
NAME **MANCINI, HERMAN SR**  
STREET ADDRESS **216 N.W. 42ND TERR.**  
CITY - ST - ZIP **PLANATAION FL 33317**

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

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

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

TITLE **VP**  
NAME **RIZZI, PATRICK**  
STREET ADDRESS **132 N.W. 60TH AVE**  
CITY - ST - ZIP **MARGATE FL 33063**

4.1 TITLE **VICE PRESIDENT**  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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

5.1 TITLE **TRUSTEE**  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

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

6.1 TITLE **TRUSTEE**  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 MANCINI, Sr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-97**

Date

Daytime Phone # 0037059

CR2E037 (9/96)