


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90033 043 \*\*\*\*61.25

<b>DOCUMENT # 767324</b>					
1. Entity Name PORT CHARLOTTE LODGE #2507 ORDER OF THE SONS OF ITALY IN AMERICA, INCORPORATED					
Principal Place of Business 3725 EASYS T PORT CHARLOTTE FL 33952 US			Mailing Address 3725 EASYS T PORT CHARLOTTE FL 33952 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0383551				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAROCCIO, JOSEPH 1621 BIRCHCREST BLVD PORT CHARLOTTE FL 33952			7. Name and Address of New Registered Agent Name: <i>Augustine F. LANZELLOTTA</i> Street Address (P.O. Box Number is Not Acceptable): <i>3234 SUNRISE TRAIL</i> City: <i>PORT CHARLOTTE FL</i> Zip Code: <i>33952</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Augustine F. Lanzello</i> <b>PRESIDENT</b> Augustine F. LANZELLOTTA <i>3-29-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FSD	<input checked="" type="checkbox"/> Delete	TITLE	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZELLOTTA, ROSE		NAME	PATRICIA ARCA	
STREET ADDRESS	3234 SUNRISE TRAIL		STREET ADDRESS	3381 NORMANDY DR	PORT CHARLOTTE, FL
CITY-ST-ZIP	PT CHARLOTTE FL 33952		CITY-ST-ZIP	33952	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARNELLI, ANGELO		NAME		
STREET ADDRESS	2145 OLEAN BLVD #U316		STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARROCCIO, JOSEPH		NAME	AUGUSTINE F. LANZELLOTTA	
STREET ADDRESS	1621 BIRCHCREST BLVD.		STREET ADDRESS	3234 SUNRISE TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APICE, ROSEMARIE		NAME	RONALD T. RADENZ	
STREET ADDRESS	13531 GOODRICH ST		STREET ADDRESS	2350 ELGIN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953		CITY-ST-ZIP	33952	
TITLE	RSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMMARINO, HELEN		NAME		
STREET ADDRESS	22164 DEBORAH AVE		STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: *Patricia Arca* **PATRICIA ARCA**  
3-29-04 941-627-0008  
Signature and typed or printed name of signing officer or director Date Daytime Phone #