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 # **770130** **(3)**

1. Corporation Name

ORDER SONS OF ITALY IN AMERICA CHARLES J. BONAPA RTE LODGE #2504, INC.

Principal Place of Business	Mailing Address
4515 DEL PRADO BLVD S 3-4 CAPE CORAL FL 33904 US	4515 DEL PRADO BLVD S 3-4 CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 09/07/1983
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business
21 PO. BOX 1577
22 Suite, Apt. #, etc.
23 City & State: CAPE CORAL FL.
24 Zip: 33910 25 Country: USA

2a. Mailing Address
26 PO BOX 1577
27 Suite, Apt. #, etc.
28 City & State: CAPE CORAL FL
29 Zip: 33910 30 Country: USA

4. FEI Number: 59-2784718 ☐ 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

DE PASQUALE, ANNA
5304 SW 2 PL
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

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: Anna De Pasquale — Jan 29, 1996
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	PD	☒ DELETE	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	COLLETTA, THOMAS		12 NAME	AL PARALOI	
STREET ADDRESS	1226 SE 27 TER		13 STREET ADDRESS	101 SW 51ST STREET	
CITY-ST-ZIP	CAPE CORAL FL		14 CITY-ST-ZIP	CAPE CORAL FL. 33914	
TITLE	VD	☒ DELETE	21 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	BARRAFATO, IDA		22 NAME	RALPH LE PERA	
STREET ADDRESS	3730 PALM TREE BLVD		23 STREET ADDRESS	3007 SE 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL		24 CITY-ST-ZIP	CAPE CORAL FL. 33990	
TITLE	T	☒ DELETE	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	CERRATO, GERALD		32 NAME	THOMAS COLLETTA	
STREET ADDRESS	3766 SE 6 AVE		33 STREET ADDRESS	1226 SE 27TH TER.	
CITY-ST-ZIP	CAPE CORAL FL		34 CITY-ST-ZIP	CAPE CORAL FL. 33904	
TITLE	PT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CANNOVA, FRANK		42 NAME		
STREET ADDRESS	1217 SE 46TH ST.		43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DE PASQUALE, ANNA		52 NAME		
STREET ADDRESS	5304 S.W. 2ND PLACE		53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		54 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	61 TITLE	ORATOR	☒ Change ☐ Addition
NAME	LA PERA, RALPH		62 NAME	LOUIS RAINERO	
STREET ADDRESS	106 SE 40 ST		63 STREET ADDRESS	2530 SE 33ND AVE.	
CITY-ST-ZIP	CAPE CORAL, FL 00000		64 CITY-ST-ZIP	CAPE CORAL FL 33904	

CR2E037 (12/95)

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: Anna De Pasquale ANNA DEPASQUALE 1-29-96 941-542-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #