


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 770130 (3)</b>					
1. Corporation Name <b>ORDER SONS OF ITALY IN AMERICA CHARLES J. BONAPA RTE LODGE #2504, INC.</b>					
Principal Place of Business PO BOX 1577 CAPE CORAL FL 33910 US			Mailing Address PO BOX 1577 CAPE CORAL FL 33910 US		
2. Principal Place of Business 21 <b>5304 SW 2ND PL.</b>		2a. Mailing Address 26 <b>5304 SW 2ND PL.</b>		3. Date Incorporated or Qualified <b>09/07/1983</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2784718</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>CAPE CORAL FLA.</b>		City & State 28 <b>CAPE CORAL FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33914</b>		Country 25 <b>USA</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 29 <b>USA</b>		Zip 30 <b>33914</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DE PASQUALE, ANNA 5304 SW 2 PL CAPE CORAL FL 33914</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 reinstalling) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	AL PARALOI				
STREET ADDRESS	101 SW 51ST ST				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	LE PERA, RALPH				
STREET ADDRESS	2007 SE 10TH AVE				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	COLLETTA, THOMAS				
STREET ADDRESS	1226 SE 27TH TER				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	PT	<input type="checkbox"/> DELETE			
NAME	CANNOVA, FRANK				
STREET ADDRESS	1217 SE 46TH ST.				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	DE PASQUALE, ANNA				
STREET ADDRESS	5304 S.W. 2ND PLACE				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	O	<input checked="" type="checkbox"/> DELETE			
NAME	RAINERO, LOUIS				
STREET ADDRESS	2530 SE 22ND AVE				
CITY-ST-ZIP	CAPE CORAL, FL 00000				

14. 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 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*

1-9-98 (941) 542-3626

CR2E037 (10/97)