FILE NOW: FILING FEE IS $61.25

ANNUAL REPORT AND FILED

99 MAR -8 AM 10:33

02-21-1999 90040 039 **61.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90231 . 90040 . 39

0000004

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770130

1. Corporation Name

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

Principal Place of Business	Mailing Address
5304 SW 2ND PL CAPE CORAL FL 33914 US	5304 SW 2ND PL CAPE CORAL FL 33914 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2784718 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE PASQUALE, ANNA 5304 SW 2 PL CAPE CORAL FL 33914	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AL PARALOI		1.2 NAME		
STREET ADDRESS	101 SW 51ST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	COLLETTA, THOMAS		2.2 NAME	ADBERT BIONDI	
STREET ADDRESS	1226 SE 27TH TER		2.3 STREET ADDRESS	728 SE 44TH STREET	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	PT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CANNOVA, FRANK		3.2 NAME		
STREET ADDRESS	1217 SE 46TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DE PASQUALE, ANNA		4.2 NAME		
STREET ADDRESS	5304 S.W. 2ND PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	02-21-99 90040 039 $61.25	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOMINIC BOCCABELLA		5.2 NAME		
STREET ADDRESS	5304 SW 2ND PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914-7185		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTO BALDERONE		6.2 NAME		
STREET ADDRESS	1448 SE 22ND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914-7185		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan. 7, 1999 (941) 542-3626
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)