

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # **F95000005582 (0)**
1. Corporation Name

ISDA FRATERNAL ASSOCIATION

Principal Place of Business

Mailing Address

**419 WOOD ST
PITTSBURGH PA 15222**

**419 WOOD ST
PITTSBURGH PA 15222**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 01/26/1996
4. FEI Number 25-1091698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24 **25** **29** **30**
g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMILIA, PATRICK R	1.2 NAME	GALA, LORI ANN
STREET ADDRESS	408 KINGS HWY	1.3 STREET ADDRESS	184 KENT DRIVE
CITY-ST-ZIP	CARNEGIE PA 15106	1.4 CITY-ST-ZIP	PITTSBURGH PA 15241
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLI, THOMAS	2.2 NAME	
STREET ADDRESS	326 GIRARD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSTOWN PA 15905	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZELLA, ANN	3.2 NAME	
STREET ADDRESS	1312 HAZLETT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15237	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, JOSEPHINE	4.2 NAME	
STREET ADDRESS	9843 TOMAHAWK TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSO, ANTHONY	5.2 NAME	
STREET ADDRESS	6110 KENNEDY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMOND IN 46323	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPLES, PASCAL	6.2 NAME	
STREET ADDRESS	1600 N. 20TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK IL 60160	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)(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 _____ SIGNATURE REQUIRED **Manzella** 7/24/97 (412)261-3550

CR2E037 (4/97)