2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90078 044 ****61.25

DOCUMENT # N01000001151

1. Entity Name
FRIENDSHIP LODGE OSIA SONS OF ITALY LODGE #2728 INC.

Principal Place of Business	Mailing Address
PO BOX 3704 SPRING HILL, FL 34606	PO BOX 3704 SPRING HILL, FL 34606

03092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELUCCI, DOREEN
1413 MEADOW LARK RD
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent

Name LEMMO, JOSEPH
Street Address (P.O. Box Number is Not Acceptable) 5175 HAMLET CIRCLE
City SPRING HILL **FL** Zip Code 34606

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 Joseph J Lemmo LEMMO, JOSEPH PRESIDENT 4/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELUCCI, DOREEN 1413 MEADOW LARK RD. SPRING HILL, FL 34608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEMMO, JOSEPH 5175 HAMLET CIRCLE SPRING HILL, FL 34606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLACONA, ANNE 15428 ATWATER DR SPRINGHILL, FL 34604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MACCHIA, ANGELO 1304 MASADA LN. SPRING HILL, FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUONAGURIO, MARIE 13205 CROWELL RD BROOKSVILLE, FL 34613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANGELO, NANCY 9661 HORIZON DR. SPRING HILL, FL. 34608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MELUCCI, DOREEN 1413 MEADOW LARK RD. SPRING HILL, FL. 34608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph J Lemmo LEMMO, JOSEPH PRESIDENT 4/5/06 352-686-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #