2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001151

FILED Apr 14, 2009 Secretary of State

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

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
PO BOX 3704 SPRING HILL, FL 34606		RHANBOUY RD. SPRING HILL, FL 34	RHANBOUY RD. SPRING HILL, FL 34606	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
PO BOX 3' SPRING H	704 ILL, FL 34606			
El Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
LEMMO, JOSEPH 5175 HAMLET CIR SPRING HILL, FL 34606 US			LEMMO, JOSEPH 1234135 SPREADING OAK DR. SPRING HILL, FL 34609 US	
	named entity submits this statement for the pe of Florida.	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE:			04/14/2009	
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PD () Delete LEMMO, JOSEPH 12413 SPREADING OAK DR SPRING HILL, FL 34609	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD () Delete PLACONA, ANNE 15428 ATWATER DR SPRINGHILL, FL 34604	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD () Delete PAGEAU-PIERCE, CHARLOTTE 3315 DELTONA BLVD SPRING HILL, FL 34606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	TD () Delete ANGELO, NANCY 9661 HORIZON DR SPRING HILL, FL 34608	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	VD () Delete MACCHIA, ANGELO 1304 MASADA LN SPRING HILL, FL 34608	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE PAGEAU-PIERCE F>S. 04/14/2009