2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State
08-31-2004 90003 019 ****70.00

DOCUMENT # N02000003399

1. Entity Name
ORDER SONS OF ITALY IN AMERICA CELEBRATION LODGE # 2777, INC.

54071031

Principal Place of Business	Mailing Address
C/O JAMES MANTIA 1023 BANKS ROSE CELEBRATION, FL 34747	C/O JAMES MANTIA 1023 BANKS ROSE CELEBRATION, FL 34747

08062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
04-3657995
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HABER, LAWRENCE H
~~606 FRONT ST~~ 715 Bloom St Suite 200A
CELEBRATION, FL 34747

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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 Lawrence H Haber 8/9/04
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 September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUONCERVELLO, B SONNY
STREET ADDRESS	815 SPRING PARK LOOP
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	D
NAME	TERRICO, GENE
STREET ADDRESS	4877 LAKE CECILE DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	ZIMBARDI, JAMES
STREET ADDRESS	1208 CELEBRATION AVE.
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	T
NAME	SEVERINO, ROBERT E
STREET ADDRESS	1154 CELEBRATION AVE.
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	D
NAME	MANTIA, JAMES
STREET ADDRESS	1023 BANKS ROSE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	D
NAME	MURPHY, JAMES
STREET ADDRESS	1141 LYNDELL DR.
CITY-ST-ZIP	KISSIMMEE, FL 34741

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12. 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 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: James Mantia JAMES MANTIA 8/6/04 (321) 939-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #