## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N02000003399**

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



## **FILED** Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90022 034 \*\*\*\*61.25

					1						
Principal Place of Business C/O JAMES MANTLA 1023 BANKS ROSE CELEBRATION, FL 34747		Mailing Address C/O JAMES MANTLA 1023 BANKS ROSE CELEBRATION, FL 34747				ו מוח או	n wan cam bam		T'FCCN	AN DAR	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03142006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Number 04-36579	95		<del>   `</del>	oplied For of Applicable
Zip Country				Country		5. Certificate of 5	Status Desired	<u> </u>	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and Ad	dress of Nev	v Registered	Agent	
HARER I MARENCE H					Name						
HABER, LAWRENCE H 715 BLOOM ST STE 200A				Street Address			(P.O. Box Number is Not Acceptable)				
CELEBRA	TION, FL	34747			City		·		Fi	Zip Cod	le
	named entitions of regis	y submits this statement fo	r the purpose of ch	ænging its regis	stered office o	r register	ed agent, or both, i	n the State of	Florida. I an	familiar with,	and accept
the obligat	action of region	tereo agent.									
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable,	(NOTE: Rega	stered Agent signat	ure required	when rematating)		DATE		
					<del></del>			7			· · · · · · · · · · · · · · · · · · ·
	_	e is \$61.25 flay 1, 2006	1	ection Campaig ust Fund Contri			\$5.00 May Be Added to Fees	F		k payable t rtment of S	
10.	_		Tr	ust Fund Contri		<u></u>		1 .	lorida Depa	rtment of S	tate
	Due by N	Nay 1, 2006 OFFICERS AND DIE	PECTORS Tr	ust Fund Contri	ibution.	<u></u>	Added to Fees	1 .	lorida Depa	rtment of S	tate
10. TITLE NAME	Due by N	Asy 1, 2006  OFFICERS AND DIF	PECTORS	ust Fund Contri	11. TITLE NAME	<u></u>	Added to Fees	<u>l</u>	lorida Depa	ITMENT OF S	tate
10. TITLE NAME STREET ADDRESS	D BUONCE 215 CELE	Asy 1, 2006  OFFICERS AND DIF  RVELLO, B SONNY  BRATION PLACE # 19	PECTORS	ust Fund Contri	11.  TITLE  NAME  STREET ADDRESS	<u></u>	Added to Fees	<u>l</u>	lorida Depa	ITMENT OF S	tate
10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	D BUONCE 215 CELE CELEBRA	Asy 1, 2006  OFFICERS AND DIF	RECTORS	ust Fund Contri	Ibution.  11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees	<u>l</u>	lorida Depa	PIRECTORS IN Change	tate V 10 Addition
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12. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is tree and according to the corporation or the receiver or frustee empowered to exchanged, or on an attachment with an address, yith all other life. qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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Daytime Phone #