2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90398 015 ****61.25

DOCUMENT # N03000001002

1. Entity Name
O.S.I.A. AMICI D'ITALIA, LODGE NO. 2791, INC.

Principal Place of Business	Mailing Address
7 BURLING WAY RICHMOND, VA 23-2250	7 BURLING WAY RICHMOND, VA 23-2250

02052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1267 ASHMORE GREEN DR Suite, Apt. #, etc.	1267 ASHMORE GREEN DR N. Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

4. FEI Number 22-3877841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM SR.
2516 SPOKANE AVE. E
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name: TABONE, WILLIAM H
Street Address (P.O. Box Number is Not Acceptable)
3732 SEA HAWK ST E.
City: JACKSONVILLE FL **FL** Zip Code: 32246

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: [signature] WILLIAM H. TABONE 4-15-05
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, 2005

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 BERG, CHERYL MAURO 7 BURLING WAY JACKSONVILLE BEACH, FL 32250	☒ Delete	PD RENNINGER, ALBA 1267 ASHMORE GREEN DRIVE N JACKSONVILLE FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, WILLIAM JR. 1202 DEFENDER CT. W ATLANTIC BEACH, FL 32233	☒ Delete	VD GREGORIO, MARK 3008 DALEHURST DR. W JACKSONVILLE FL 32277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENDRICK, MARIA 3598 MISTY MARSH DR. JACKSONVILLE, FL 32260	☒ Delete	SD TRIVISANI, TONY 7755 CROSSTREE LANE JACKSONVILLE FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD INNAMORATO, JEAN L 1166 FROMAGE CIRCLE W JACKSONVILLE, FL 32225	☐ Delete	TD INNAMORATO, JEAN L 1166 FROMAGE CIRCLE W JACKSONVILLE, FL 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTOMARE, DOMENIC 8152 GREEN GLADE RD. JACKSONVILLE, FL 32256	☐ Delete	D ALTOMARE, DOMENIC 8152 GREEN GLADE RD JACKSONVILLE FL 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, WILLIAM SR. 2516 SPOKANE AVE.E JACKSONVILLE, FL 32223	☒ Delete	D TABONE, WILLIAM H 3732 SEAHAWK STREET E. JACKSONVILLE FL 32246	☒ Change ☐ Addition

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: [signature] ALBA RENNINGER 4/15/05 904 221 1695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #