
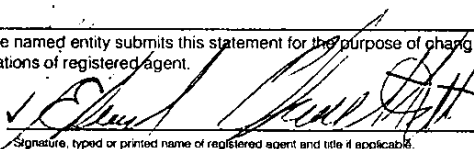
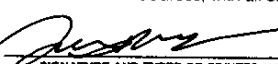


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 013 ****61.25

DOCUMENT # N03000001002 1. Entity Name O.S.I.A. AMICI D'ITALIA, LODGE NO. 2791, INC.					
Principal Place of Business 1267 ASHMORE GREEN DR JACKSONVILLE, FL 32246			Mailing Address 1267 ASHMORE GREEN DR JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 22-3877841				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TABONE, WILLIAM H 3732 SEA HAWK ST E JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name CHIAROTTI, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3929 ARBOR LAKE DRIVE WEST City JACKSONVILLE FL Zip Code 32225		
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  EDWARD CHIAROTTI <small>(NOTE: Registered Agent signature required when reinstating)</small>					
DATE 04-11-06					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RENNINGER, ALBA 1267 ASHMORE GREEN DR N JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORIO, MARK 3008 DALE HURST DR W JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIVISANI, TONY 7755 CROSS TREE LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INNAMORATO, JEAN L 1166 FROMAGE CIRCLE W JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTOMARE, DOMENIC 8152 GREEN GLADE RD. JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABONE, WILLIAM H 3732 SEAHAWK STREET E JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGORIO, MARK 2285 DUMFRIES CIRCLE E. JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOVER, VIRGINIA L 682 TROWBRIDGE DR JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIAROTTI, EDWARD 3929 ARBOR LAKE DR. W JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  ALBA RENNINGER 04-11-06 221 1695 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					