2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N03000001002

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

Principal Place of Business	Mailing Address
1267 ASHMORE GREEN DR JACKSONVILLE, FL 32246	1267 ASHMORE GREEN DR JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

04262007 No Chg-NP CR2E037 (4/06)

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

CHIAROTTI, EDWARD
3929 ARBOR LAKE DR W
JACKSONVILLE, FL 32225

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000760925
05/25/07-80034-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENNINGER, ALBA
STREET ADDRESS	1267 ASHMORE GREEN DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VD
NAME	GREGORIO, MARK
STREET ADDRESS	2285 DUMFRIES CIRCLE E
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	SD
NAME	STOVER, VIRGINIA L
STREET ADDRESS	682 TROWBRIDGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	TD
NAME	INNAMORATO, JEAN L
STREET ADDRESS	1166 FROMAGE CIRCLE W
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	ALTOMARE, DOMENIC
STREET ADDRESS	8152 GREEN GLADE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	CHIAROTTI, EDWARD
STREET ADDRESS	3929 ARBOR LAKE DR #4
CITY-ST-ZIP	JACKSONVILLE, FL 32246

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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 4/28/07 904-683-8193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #