2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State
05-20-2008 90006 004 ****61.25

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2285 DUMFRIES CIRCLE E.	2285 DUMFRIES CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

E 04232008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
CHIAROTTI, EDWARD 3929 ARBOR LAKE DR W JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008

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 RENNINGER, ALBA 1267 ASHMORE GREEN DR N JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENNINGER, ALBA 3358 SHAWNA OAKS DRIVE JACKSONVILLE FL 32277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREGORIO, MARK 2285 DUMFRIES CIRCLE E JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREGORIO, MARK 2285 DUMFRIES CIRCLE E. JACKSONVILLE FL 32246	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STOVER, VIRGINIA L 682 TROWBRIDGE DR JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GABRIEL M. BOVE 10443 ROLLING BROOK CT JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD INNAMORATO, JEAN L 1166 FROMAGE CIRCLE W JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTOMARE, DOMENIC 8152 GREEN GLADE RD. JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTARE, ROBERT 5210 RIVERTON ROAD JACKSONVILLE FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIAROTTI, EDWARD 3929 ARBOR LAKE DR #4 JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

Gabriel M. Bove EVP/SEC GABRIEL M. BOVE 04/21/08 (904)