2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90006 004 ****61.25

10104466

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 - No P.O. Box #
2285 DUMFRIES CIRCLE E

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip 32246 Country USA

3. Mailing Address
2285 DUMFRIES CIRCLE E

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

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

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

7. Name and Address of New Registered Agent

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 _____
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, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	RENNINGER, ALBA	
STREET ADDRESS	3358 SHAWNA OAKS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	PD	☒ Change ☐ Addition
NAME	GREGORIO, MARK	
STREET ADDRESS	2285 DUMFRIES CIRCLE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	☐ Change ☒ Addition
NAME	GABRIEL M. BOVE	
STREET ADDRESS	10443 ROLLING BROOK CT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	SANTARE, ROBERT	
STREET ADDRESS	5210 RIVERTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Exp Sec GABRIEL M. BOVE 04/21/08 (904)