2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N06000002102

Entity Name: ORDER SONS OF ITALY IN AMERICA INC. PALM BAY LODGE 2823

Current Principal Place of Business:

POST OFFICE BOX 101298
PALM BAY, FL 32910

New Principal Place of Business:

1317 PROSPECT CIRCLE N.E
PALM BAY, FL 32907

Current Mailing Address:

POST OFFICE BOX 101298
PALM BAY, FL 32910

New Mailing Address:

1317 PROSPECT CIRCLE N.E.
PALM BAY, FL 32907

FEI Number: 26-0119009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEZZILLO, WILLIAM
1317 PROSPECT CIRCLE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: LOHALER, WILLIAM
Address: 1290 BUFFING CIRCLE
City-St-Zip: PALM BAY, FL 32909

Title: T ( ) Delete
Name: ALESSI, MICHAEL
Address: 554 SEDGEWOOD AVE
City-St-Zip: MELBOURNE, FL 32904

Title: P ( ) Delete
Name: PEZZILLO, WILLIAM MR.
Address: 1317 PROSPECT CR
City-St-Zip: PALM BAY, FL 32907

Title: FS ( ) Delete
Name: PEZZILLO, MARILYN
Address: 1317 PROSPECT CIRCLE
City-St-Zip: PALM BAY, FL 32907

Title: RS (X) Delete
Name: WHALER, JEAN
Address: 1290 BUFFIN CIRCLE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: WAHLER, WILLIAM
Address: 1290 BUFFING CIRCLE
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PEZZILLO P 04/08/2009

Electronic Signature of Signing Officer or Director — Date