

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14996

FILED
Jan 18, 2007
Secretary of State

Entity Name: GRAND LODGE OF FLORIDA, ORDER SONS OF ITALY IN AMERICA, INC.

Current Principal Place of Business:

3315 LEMON ST
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3315 LEMON ST
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2715117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, ALICE
3315 LEMON ST
TAMPA, FL 33609 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: PD () Delete
Name: COSITORE, DAN
Address: 4209 REFLECTIONS PARKWAY
City-St-Zip: SARASOTA, FL 34233 US

Title: VPD () Delete
Name: COLONNA, JOANN
Address: 3071 CROSS CREEK COURT
City-St-Zip: ST CLOUD, FL 34769 US

Title: TD () Delete
Name: MOTTOLA, EDWARD JR
Address: 18281 FRESH LAKE WAY
City-St-Zip: BOCA RATON, FL 33498 US

Title: RSD () Delete
Name: BRANCIFORTE, THERESA
Address: 784 LAKE COMO DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: FSD () Delete
Name: RUSSELL, ALICE
Address: 2492 LAKE HELEN OSTEEN RD
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE RUSSELL

Electronic Signature of Signing Officer or Director

FSD

01/18/2007

_____ Date