


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 036 ****61.25

DOCUMENT # N15237 1. Entity Name OSCEOLA COUNTY LODGE #2523 ORDER OF SONS OF ITALY IN AMERICA, INC.					
Principal Place of Business 419 RIDER CIR KISSIMMEE, FL 34743 US			Mailing Address PO BOX 421816 KISSIMMEE, FL 34742 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2771497	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RACITI, DOROTHY 419 RIDER CIRCLE KISSIMMEE, FL 34743				Name ROBERT N. DEGORI Street Address (P.O. Box Number is Not Acceptable) 419 RIDER CIRCLE City KISSIMMEE FL Zip Code 34743	
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 ROBERT N. DEGORI <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 02-17-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCCELLO, PAUL		NAME	DEGORI, ROBERT	
STREET ADDRESS	954 WHISLER CT		STREET ADDRESS	419 RIDER CIRCLE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLONNA, JOANN		NAME	COLONNA, FRANK	
STREET ADDRESS	3071 CROSS CREEK CT		STREET ADDRESS	3071 CROSS CREEK CT.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE GORI, ROBERT		NAME	DERIENZO, ANN	
STREET ADDRESS	419 RIDER CIRCLE		STREET ADDRESS	259 CITRUS DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCCELLO, MARIA		NAME	UCCELLO, MARIA	
STREET ADDRESS	954 WHISLER CT		STREET ADDRESS	954 WHISLER CT.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	FS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESTA, JERRY		NAME	INGOGLIA, MARY	
STREET ADDRESS	1781 KINGS CHARLES DR.		STREET ADDRESS	5151 BULLS RD.	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	SAINT CLOUD, FL 34772	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTI, VIVETTA		NAME	UCCELLO, PAUL	
STREET ADDRESS	166 PINWOOD CIRCLE		STREET ADDRESS	954 WHISLER CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT N. DEGORI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 02-17-04 DAYTIME PHONE # 407-348-5458	