2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N35423

Entity Name: ORDER SONS OF ITALY IN AMERICA PORT ST. LUCIE LODGE NO. 2594, INC.

Current Principal Place of Business:

765 SW DALTON CIR
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

765 SW DALTON CIR
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 65-0184225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEDOMINICIS, L. DONALD L L. DONA
3781 SAGE CT
PORT SAINT LUCIE, FL 349852 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: MR ( ) Delete
Name: ESPOSITO, JOHN PRES.
Address: 1261 SW BARGELLO AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MR ( ) Delete
Name: L. DONALD, DEDOMINICIS V. PRES
Address: 3781 SAGE COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MRS ( ) Delete
Name: GENCO, PAULA L SECT'Y
Address: 2897 CABANA LN
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MRS ( ) Delete
Name: JOHNSON, DIANE L TREAS.
Address: 4388 SW VERINK ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MR ( ) Delete
Name: MOSCA, RONALD L TRUSEE
Address: 1399 SW DYER POINT RD.
City-St-Zip: PALM CITY, FL 34900 US

Title: MR ( ) Delete
Name: NATE, RIVALDO L TRUST.
Address: 123 NW WILLOW GROVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: ESPOSITO, JOHN M PRES.
Address: 1261 SW BARGELLO AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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 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: JOHN M ESPOSITO PRES 02/04/2009

Electronic Signature of Signing Officer or Director — Date