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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38653 (4)  
1. Corporation Name:  
TOWNSHIP LODGE NO. 2624, INC. ORDER SONS OF ITALY IN AMERICA



Principal Place of Business TRIVELLI, ANTHONY 6611 N.W. 23RD ST. MARGATE FL 33063 US	Mailing Address HARSCH, MARY ANN 3729 NW 35TH STREET COCONUT CREEK FL 33066-2418 US
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3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0175290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 21 TRIVELLI ANTHONY Suite, Apt. #, etc.	26. Mailing Address 26 TRIVELLI ANTHONY Suite, Apt. #, etc.
22. City & State 22 6419 MALLARD'S WAY Coconut Creek FL	27. City & State 27 6419 MALLARD'S WAY Coconut Creek FL
24. Zip 24 33066	25. Country 25 BROWARD
29. Zip 29 33066	30. Country 30 BROWARD

9. Name and Address of Current Registered Agent  
TRIVELLI, ANTHONY  
6611 N.W. 23RD ST.  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name TRIVELLI ANTHONY	
82 Street Address (P.O. Box Number is Not Acceptable) 6419 MALLARD'S WAY	
83 City COCONUT CREEK - FL 33066	
84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	TRIVELLI, ANTHONY 6611 N.W. 23RD ST. MARGATE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	VISCUSI, THERESA 2787 CARAMBOLA CIR. SOUTH #303 COCONUT CREEK FL	1.2 NAME	
TITLE D	PASSANISI, MARY A 3729 N.W. 35TH ST. COCONUT CREEK FL	1.3 STREET ADDRESS	
TITLE DT	CAMERANO, NICHOLAS 4281 ACACIA CIRCLE COCONUT CREEK FL	1.4 CITY - ST - ZIP	
TITLE S	FARRUGIA, JOAN 3723 N.W. 35TH ST. COCONUT CREEK FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	CORDILEON, GRACE 3955 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Trivelli* 3/17/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025516

CR2E037 (9/96)