


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90028 021 ****61.25

DOCUMENT # N38653			
1. Entity Name TOWNSHIP LODGE NO. 2624, INC. ORDER SONS OF ITALY IN AMERICA			
Principal Place of Business 3781 N.W. 35 ST COCONUT CREEK FL 33066 US		Mailing Address 3781 N.W. 35 ST COCONUT CREEK FL 33066 US	
2. Principal Place of Business 3729 NW 35th ST.		3. Mailing Address 3729 NW 35th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT CREEK FL		City & State COCONUT CREEK FL	
Zip 33066	Country US	Zip 33066	Country US
6. Name and Address of Current Registered Agent D'ALESSANDRO, SALVATORE 3781 NW 35 ST COCONUT CREEK FL 33066		7. Name and Address of New Registered Agent Name: MARY ANN PASSANISI Street Address (P.O. Box Number is Not Acceptable): 3729 NW 35th ST. City: COCONUT CREEK FL Zip Code: 33066	
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: <i>Mary Ann Passanisi</i> DATE: 2-1-04 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ALESSANDRO, SALVATORE 3781 NW 35 ST COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY ANN PASSANISI PRESIDENT 3729 NW 35th ST. COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT D'ALESSANDRO, JEANETTE 3781 NW 35 ST COCONUT CREEK FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASSANISI, MARY-ANN 3729 N.W. 35TH ST. POMPAHO BEACH FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CATHERINE ZERONE 4751 CARAMBOLA CIR COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMPAGNA, SAL 5957 ROYAL ISLES BLVD PH BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONDOLUDI, CAROL 3259 CARAMBOLA CIR S COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTONE, PETER 4113 CARAMBOLA CIR S COCONUT CREEK FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mary Ann Passanisi</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARY ANN PASSANISI DATE: 2-4-04 DAYTIME PHONE #: 974 4354	