


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N38653			
1. Entity Name TOWNSHIP LODGE NO. 2624, INC. ORDER SONS OF ITALY IN AMERICA			
Principal Place of Business 3729 NW 35 ST. COCONUT CREEK FL 33066 US		Mailing Address 3729 NW 35 ST. COCONUT CREEK FL 33066 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PASSANISI, MARY ANN 3729 NW 35TH ST COCONUT CREEK FL 33066		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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		DATE	
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, 2006		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	P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PASSANISI, MARY ANN		
STREET ADDRESS	3729 NW 35TH ST.		
CITY-ST-ZIP	COCONUT CREEK FL 33066		
TITLE	ST	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D'ALESSANDRO, JEANETTE		
STREET ADDRESS	3781 NW 35 ST		
CITY-ST-ZIP	COCONUT CREEK FL 33066		
TITLE	VP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ZENONE, CATHERINE		
STREET ADDRESS	4751 CARAMBOLA CIR		
CITY-ST-ZIP	COCONUT CREEK FL 33066		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GAMPAGNA, SAL		
STREET ADDRESS	5957 ROYAL ISLES BLVD PH		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		
TITLE	TD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CANTONE, PETER		
STREET ADDRESS	4113 CARAMBOLA CIR S		
CITY-ST-ZIP	COCONUT CREEK FL 33066		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0175290** Applied For Not Applied For

5. Certificate of Status Desired **\$8.75** Additional Fee Required

U00000431833 Change Add
02/23/06-80045-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mary Ann Passanisi* 2-8-06 0949764351