

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43919

(2)

1. Corporation Name

SONS OF ITALY, MARION COUNTY, LODGE NUMBER 2648,
INC.

Principal Place of Business

Mailing Address

12438 SE 134TH COURT
OKLAWAHA FL 32179

C/O JOSEPH SARDISCO
P.O. BOX 10
OKLAWAHA FL 32179-0010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1991

3a. Date of Last Report

01/24/1994

4. FEI Number

59-3073857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARDISCO, JOSEPH
12438 SE 134TH COURT
OKLAWAHA FL 32179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SARDISCO, JOSEPH
STREET ADDRESS	12438 SE 134TH COURT
CITY-ST-ZIP	OKLAWAHA FL
TITLE	D
NAME	PLACANICO, GIORGIO
STREET ADDRESS	1500 SE 189TH AVENUE
CITY-ST-ZIP	SILVER SPRINGS FL
TITLE	D
NAME	STANZIONE, JOHN
STREET ADDRESS	31 OAK LOOP
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	FUSCO, DOMINICK
STREET ADDRESS	6205 SE 87TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D STANZIONE, JOHN
3.3 STREET ADDRESS	6270 SE 85 LANE
3.4 CITY-ST-ZIP	OCALA FL 34472
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Joseph Sardisco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH SARDISCO 2-21-95 2374

(Typed Name)