

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/14/1991

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **560 SILVER COURSE LOOP**

26 **560 SILVER COURSE LOOP**

4. FEI Number
59-3073857

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **OCALA FL**

28 **OCALA FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **34472** 25 **MARION**

29 **34472** 30 **MARION**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 **DOMINICK RAGUSTA**

82 Street Address (P.O. Box Number is Not Acceptable)
560 SILVER COURSE LOOP

83

84 City **OCALA** 85 Zip Code **FL 34472**

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 617.002, Florida Statutes.

SIGNATURE **Dominick Ragusta** **DOMINICK RAGUSTA D. 1-18-96**

Signature typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SARDISCO, JOSEPH**
STREET ADDRESS **12438 SE 134TH COURT**
CITY-ST-ZIP **OKLAWAHA FL**

11 TITLE **D** ☒ Change ☐ Addition
12 NAME **DOMINICK RAGUSTA**
13 STREET ADDRESS **560 SILVER COURSE LOOP**
14 CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ DELETE
NAME **PLACANICO, GIORGIO**
STREET ADDRESS **1500 SE 189TH AVENUE**
CITY-ST-ZIP **SILVER SPRINGS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **STANZIONE, JOHN**
STREET ADDRESS **6270 SE 85TH LANE**
CITY-ST-ZIP **OCALA FL**

31 TITLE **D** ☒ Change ☐ Addition
32 NAME **ROBERT DE CONNA**
33 STREET ADDRESS **18 E BROADWAY ST.**
34 CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☒ DELETE
NAME **FUSCO, DOMINICK**
STREET ADDRESS **6205 SE 87TH ST.**
CITY-ST-ZIP **OCALA FL**

41 TITLE **D** ☒ Change ☐ Addition
42 NAME **LURRAINE CABE**
43 STREET ADDRESS **6472 SW 110 ST.**
44 CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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: **Dominick Ragusta**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-18-96** 352
Daytime Phone: **687-0227**

CR2E037 (12/95)