

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90293 019 \*\*\*\*61.25

**DOCUMENT # N43919**

1. Entity Name  
**SONS OF ITALY, MARION COUNTY, LODGE NUMBER  
2648, INC.**



Principal Place of Business  
**8701 SE 12TH CT  
OCALA, FL 34480 US**

Mailing Address  
**8701 SE 12TH CT  
OCALA, FL 34480 US**

2. Principal Place of Business  
**14077 ne 53rd Court Rd.**

3. Mailing Address  
**14077 NE 53rd Court Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004

Chg-NP

CR2E037 (10/03)

City & State  
**Citra, Florida**

City & State  
**Citra, Florida**

4. FEI Number  
**59-3073857**

Applied For  
Not Applicable

Zip  
**32113**

Country  
**USA**

Zip  
**32113**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INCORVAIA, THOMAS  
8701 SE 12TH CT  
OCALA, FL 34480**

7. Name and Address of New Registered Agent

Name  
**SCURTI, VINCENT**

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

**14077 NE 53rd Court Rd.**

City  
**Citra**

**FL**

Zip Code  
**32113**

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

**Vincent Scurti, President**

**April 20, 2004**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
RAGOSTA, NICK  
558 SILVER COURSE LOOP  
OCALA, FL 34472** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
SILANO, JERRY  
2224 NE 39TH AVE  
OCALA, FL 34470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
DIBELLO, BILL  
8 TEAK RUN  
OCALA, FL 34472** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
PINO, DOLLY  
4500 SE 18TH AVE  
OCALA, FL 34480** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
MASTROSERIO, LUIGI  
23 HICKORY TRACK WAY  
OCALA, FL 34472** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
D'AMICO, STEVE  
484 WATER RUN  
OCALA, FL 34472** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
PLACANICO, GIORGIO  
3917 NE 22nd St.  
Ocala FL 34470** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
STRACUZZI, CARMELO  
5499 SE 38th St.  
Ocala FL 34480** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
MAZZURCO, JOSEPH  
8555 SW 66th Terr.  
Ocala FL 34476** ☐ Change ☒ Addition

2. 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

**Vincent Scurti President April 20 2004**  
**ph 352-595-2096**