

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 034 ****61.25

DOCUMENT # N43919



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

Principal Place of Business
**14077 N.E. 53RD COURT RD
CITRA, FL 32113 US**

Mailing Address
**14077 N.E. 53RD COURT RD
CITRA, FL 32113 US**

40031032



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3073857

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCURTI, VINCENT
14077 NE 53RD COURT RD
CITRA, FL 32113**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
☐ Change ☐ Addition

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
**P SCURTI, VINCENT
14077 NE 53rd CT. ROAD
CITRA, FL 32113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PLACANICO, GIORGIO
3917 NE 22ND ST.
OCALA, FL 34470** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T - SCAVETTA, VITA
505 SAPPHIRE LANE
OCALA, FL 34472** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STARACUZZI, CARMELO
5499 SE 38TH ST
OCALA, FL 33480** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S SILANO, NANCY
2224 NE 39 AVENUE
OCALA, FL 34470** ☐ Change ☒ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAZZURCO, JOSEPH
8555 SW 68TH TERR
OCALA, FL 34476** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Vincent Scurti* **Vincent Scurti, President 3-21-06** 352-595-0895
Printed or typed name of officer and Title Date phone #