

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 047 ****61.25

DOCUMENT # N43919

1. Entity Name

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



Principal Place of Business

Mailing Address

14077 N.E. 53RD COURT RD
CITRA FL 32113
US

14077 N.E. 53RD COURT RD
CITRA FL 32113
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3073857

Applied For

Not Applicable

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

Vincent Scurti

(NOTE: Registered Agent signature required when substituting)

1/29/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Change ☒ Addition
NAME Recording Secretary
STREET ADDRESS Anita Trembley
CITY-ST-ZIP 1018 Hickory Rd
OCALA FL 34472

TITLE P ☐ Delete
NAME SCURTI, VINCENT
STREET ADDRESS 14077 NE 53RD CT RD
CITY-ST-ZIP CITRA FL 32113

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

TITLE T ☐ Delete
NAME SCAUETTA, VITA
STREET ADDRESS 505 SAPHIRE LANE
CITY-ST-ZIP OCALA FL 34472

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

TITLE S ☒ Delete
NAME SILANO, NANCY
STREET ADDRESS 2224 NE 39 AVE
CITY-ST-ZIP OCALA FL 34470

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Scurti

1/29/07 352-595-0895

DATE

Daytime Phone #