

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43919

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

5291 NW 20TH PLACE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

5291 NW 20TH PLACE
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-3073857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOSPIRITO, JOHN
5291 NW 20TH PLACE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTOSPIRITO, JOHN
Address: 5291 NW 20TH PLACE
City-St-Zip: OCALA, FL 34482

Title: V () Delete
Name: CANNATELLA, VINCENT
Address: 8010 SW 16 AVE
City-St-Zip: OCALA, FL 34476 US

Title: T () Delete
Name: PAGIO, CAROL
Address: 1950 SE 173 AVEE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: T () Delete
Name: STRACUZZI, CATHERINE M
Address: 5499 SE 38 ST
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: ALFANO, JOSEPH
Address: 3809 SE 3RD ST.
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: MAZZURCO, JOSEPH
Address: 4884 SW 7 AVE RD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SCAVETTA, LARRY
Address: 505 SAPPHIRE LANE
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE STRACUZZI

SECR

04/28/2009

Electronic Signature of Signing Officer or Director

Date