

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90040 047 ****70.00

DOCUMENT # N98000000448

1. Entity Name

ORDER SONS ITALY - CENTRAL GULF COAST LODGE,
INC. #2708



Principal Place of Business

T. S. LIBRARY
PO BOX 2525
TARPON SPRINGS FL 34688

Mailing Address

C/O FRANK VERICELLA
PO BOX 2525
TARPON SPRINGS FL 34681

2. Principal Place of Business

3. Mailing Address

C/O MILDRED COOPER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2525

City & State

TARPON SPRINGS, FL

Zip 34688

Country

Zip 34688

Country

FLORIDA



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERICELLA, FRANK
722 HIDDEN LAKE DRIVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

COOPER, MILDRED

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

912 BELTED KINGFISHER DRIVE, S.

City

PALM HARBOR

FL

Zip Code

34683

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

MILDRED COOPER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	VERICELLA, FRANK	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLOODGOOD, CARMELLA	
STREET ADDRESS	779 BRITTANY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STILLO, FRANK	
STREET ADDRESS	1813 MARINER DR- #144	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VERICELLA, DIANA B	
STREET ADDRESS	722 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, MILDRED	
STREET ADDRESS	912 BELTED KINGFISHER DR. S	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	CASATELLI, ALEXANDER	
STREET ADDRESS	1629 GULF RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDRED COOPER	
STREET ADDRESS	912 BELTED KINGFISHER DRIVE, S.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO FISCALELLI	
STREET ADDRESS	472 CENTER WOOD DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY L. CASATELLI	
STREET ADDRESS	1629 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITA PETRILLO	
STREET ADDRESS	512 PURPLE FINCH WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER CASATELLI	
STREET ADDRESS	1629 GULF ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMELA BLOODGOOD	
STREET ADDRESS	779 BRITTANY PARK BLVD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

12. 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: MARY L. CASATELLI Mary L. Casatelli 2/10/04 (727) 439-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #