


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90018 048 ****70.00

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1. Entity Name
ST. CLOUD/KISSIMMEE SONS OF ITALY LODGE #2731, INC.



Principal Place of Business
263 CREEKSIDE WAY
ORLANDO, FL 32824

Mailing Address
263 CREEKSIDE WAY
ORLANDO, FL 32824

94028053



2. Principal Place of Business
ST. CLOUD SENIOR CENTER

3. Mailing Address
P.O. BOX 2064

Suite, Apt. #, etc.

02142004 Chg-NP CR2E037 (10/03)

City & State
ST. CLOUD FL.

City & State
KISSIMMEE FL.

4. FEI Number
59-3553001

Applied For
Not Applicable

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

Zip Country Zip Country
34769 U.S.A. 34745 U.S.A.

6. Name and Address of Current Registered Agent

GAMBARDILLA, JOSEPH J
3443 FERNWOOD DRIVE
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
VINCENT LAMANO

Street Address (P.O. Box Number is Not Acceptable)
3505 VINNING COURT

City Zip Code
KISSIMMEE FL 34741

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 Lamano FINANCIAL SECRETARY 3-8-04
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	PD CAPAUOLO, CAROLYN 100 CYPRESS AVE SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMAN, IRENE 3505 VINNING CT KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUHLAK, LEONA 3196 HANGING MOSS CR KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOFFIGAN, CAROL 25 SILVER SWAN CT KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGOGLIA, MARY 5155 BULLIS RD SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IRENE LAMANO 3505 VINNING CT. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT JEANNETTE DESSERT 1321 SIERRA CIRCLE KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC. SECRETARY JURISE MEDINA P.O. Box 422334 KISSIMMEE, FL 347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LINDA LAMANO 2875 GREENWOOD TERRACE KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SECT VINCENT LAMANO 3505 VINNING CT. KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vincent Lamano 3-8-04 407-847-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #