

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001002

Entity Name: O.S.I.A. AMICI D'ITALIA, LODGE NO. 2791, INC.**Current Principal Place of Business:**1741 SWIMMING SALMON PLACE NORTH
JACKSONVILLE, FL 32225**Current Mailing Address:**1741 SWIMMING SALMON PLACE NORTH
JACKSONVILLE, FL 32225 US**FEI Number: 22-3877841****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SORRENTINO, DOMINICK
7258 TRAILS END
JACKSONVILLE, FL 32277 US*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:** DOMINICK SORRENTINO

03/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	GREGORIO, MARK
Address	P.O. BOX 350248
City-State-Zip:	JACKSONVILLE FL 32235

Title	VPRE
Name	DIVASTA, MARIO
Address	821 BRIARCLIFF DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	IPP
Name	MELTZER, MARIE
Address	13780 SEA MIST
City-State-Zip:	JACKSONVILLE FL 32224

Title	ORAT
Name	WNOROWSKI, GLORIA
Address	11307 RIVER KNOLL DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	RSEC
Name	RIMMER, MARGIE L
Address	7410 BUCKSKIN TRAIL NORTH
City-State-Zip:	JACKSONVILLE FL 32277

Title	FSEC
Name	SORRENTINO, DOMINICK
Address	7258 TRAILS END
City-State-Zip:	JACKSONVILLE FL 32277

I hereby 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 all other like empowered.

SIGNATURE: DOMINICK SORRENTINO**FINANCIAL SECRETARY**

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date