

2020 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:** Yes**Name and Address of Current Registered Agent:**SORRENTINO, DOMINICK
12640 SHOAL CREEK LN N
JACKSONVILLE, FL 32225 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

02/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WRIGHT, TIMOTHY
Address 1741 SWIMMING SALMON PL.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name DIVASTA, MARIO
Address 821 BRIARCREEK RD.
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 32227

Title FSEC
Name SORRENTINO, DOMINICK
Address 12640 SHOAL CREEK LN N
City-State-Zip: JACKSONVILLE FL 32225

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**

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date