2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2014
Secretary of State
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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:

WRIGHT, TIMOTHY
1741 SWIMMING SALMON PLACE NORTH
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: TIMOTHY M. WRIGHT 03/21/2014

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	WRIGHT, MARY L
Address	1741 SWIMMING SALMON PLACE NORTH
City-State-Zip:	JACKSONVILLE FL 32225

Title	FSEC
Name	WRIGHT, TIMOTHY
Address	1741 SWIMMING SALMON PLACE NORTH
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: TIMOTHY M. WRIGHT FINANCIAL SECRETARY 03/21/2014

Electronic Signature of Signing Officer/Director Detail — Date