2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002533

FILED Jun 29, 2009 Secretary of State

Entity Name: SICILIAN-AMERICAN CULTURAL SOCIETY, INC.

Current Principal Place of Business:		New Principal Place of Business:	
1007 SW 5 BOYNTON	5TH CT N BEACH, FL 33426		
Current M	lailing Address:	New Mailing Address:	
1007 SW 5 BOYNTON	5TH CT N BEACH, FL 33426		
In accordan	: 65-0830487 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Deceive the prior notice. Name and Address of New Registered Age	. ,
MARINELL 1615 FOR	LI, JOHN P ESQ UM PLACE, SUITE 500-B LM BEACH, FL 33401 US		
	e named entity submits this statement for the pu e of Florida.	pose of changing its registered office or registered ag	ent, or both,
SIGNATUI	RE:		
	Electronic Signature of Registered Ager	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ADAMS, ALVIN A 1007 SW 5TH CT BOYNTON BEACH, FL 33426	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP () Delete DIGILIO, MARY 4899 NW 5TH AVE. BOCA RATON, FL 33431	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP () Delete DIFIGLIA, DOMINICK 4611 VESPASSIAN CT. LAKE WORTH, FL 33463	Title: VP (X) Change () Addition Name: GIAMBALVO, BARNEY Address: 4894 SUGARPINE DR City-St-Zip: BOCA RATON, FL 33487	
Title: Name: Address: City-St-Zip:	SD () Delete ADAMS, ROSALIE 1007 SW 5TH CT BOYNTON BEACH, FL 33426	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T () Delete FRIEZO, JOAN 4900 N OCEAN BLVD, # 810 LAUDERDALE, FL 33308	Title: T (X) Change () Addition Name: TRAINA, FRANCESCO Address: 23379 BOCA TRACE DR City-St-Zip: BOCA RATON, FL 33433	
Title: Name: Address: City-St-Zip:	D () Delete MAGAZZOLO, LEONARD 23293 ALORA DRIVE. BOCA RATON, FL 33433	Title: () Change () Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALVIN A. ADAMS P 06/29/2009