

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002533

Entity Name: SICILIAN-AMERICAN CULTURAL SOCIETY, INC.**Current Principal Place of Business:**579 NW CORTINA LANE
PORT ST. LUCIE, FL 34986**Current Mailing Address:**579 NW CORTINA LANE
PORT ST. LUCIE, FL 34986 US**FEI Number: 65-0830487****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARINELLI, JOHN PESQ
1615 FORUM PLACE, SUITE 500-B
WEST PALM BEACH, FL 33401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ADAMS, ALVIN A
Address	579 NW CORTINA LANE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	VP
Name	GIAMBALVO, BARNEY
Address	4894 SUGARPINE DR
City-State-Zip:	BOCA RATON FL 33487

Title	T
Name	LAMANTIA, CAMILLE
Address	7324 AMBER FALLS LANE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP
Name	DIGILIO, MARY
Address	4899 NW 5TH AVE.
City-State-Zip:	BOCA RATON FL 33431

Title	SD
Name	ADAMS, ROSALIE
Address	579 NW CORTINA LANE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	D
Name	TRAINA, FRANCESCO
Address	1508 BAY BLVD. #1261
City-State-Zip:	MIAMI BEACH FL 33139

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: ALVIN A. ADAMS**PRESIDENT****03/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date