FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

731937

(9)

ST. VINCENT CATHOLIC MEN'S CLUB, INCORPORATED, O F MARGATE, FLORIDA

Principal Place of Business Mailing Address					
		-			
6199 NW 10TH 3		1419 NW 80TH AVE, #D MARGATE FL 33063-2942			
MANGAIC IC 00		US			
					3. Date incorporated or Qualified 02/20/1975 3a. Date of Last Report 06/24/1996
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0623056 Not Applicable
Suite, Apt. 4	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	,	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,
24	25	29	30		Florida Statutes Yes No
	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent
			81	Name	ne
GERRITY, GERALD J			82	Stroot	et Address (P.O. Box Number is Not Acceptable)
	80TH AVE #D		02	311661	et Address (F.O. Box Number is Not Acceptable)
	E FL 33063		83		
			84	City	85 Zip Code
				<u> </u>	
11. Pursuant to office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State (? and 617.1508, Florida Statut of Florida. Such change was a	es, the above authorized by	e-named the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 617.0503, Flo	orida Statute	s .	The second of th
SIGNATURE _	Signature, typed or printed name of registered agen	ALCO TO THE RESIDENCE OF THE PARTY OF THE PA	F B. D. L.		lure required when reinstating) DATE
12.	OFFICERS AND		13.	int signatu	ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	GERRITY, CHRERRITY SER	ALD 30	1.2 NAME		
STREET ADDRESS	1419 NW 80TH AVENUE #D	•	1.3 STREET	ADDRESS	s
CITY-ST-ZIP	MARGATE FL		1,4 CITY - S	T-ZIP	
TITLE	VPD	DELETE	2.1 TITLE	•••••	Change Addition
NAME	SCHWEITZER, FRED		2.2 NAME		
STREET ADDRESS	1700NW 65TH AVE.		2.3 STREET	ADDRESS	S .
CITY-ST-ZIP	MARGATE FL 33063		2. 4 CITY-	ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCARRY, JOHN F		3.2 NAME		
STREET ADDRESS	6611 NW 29TH PLACE		3.3 STREET	ADDRESS	s
CITY-ST-ZIP	MARGATE FL		3.4. CITY-5	ST-ZIP	,
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	AMENDOLA, THOMAS		4. 2 NAME		
STREET ADDRESS	6570 ROYAL PALM BLVD.		4.3 STREET	ADDRESS	S
CITY-ST-ZIP	MARGATE FL 33063	F1 55.555	4.4 CITY-S	T-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	MENDITTO, ANDREW		5.2 NAME		
STREET ADDRESS	1501 CATHEDRAL DRIVE		5.3 STREET		\$
CITY-ST-ZIP	MARGATE FL 33063	TT DECETE	5.4 CITY-S	T-ZIP	
TITLE	D TOLOV MANCO	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TRACY, JAMES		6.2 NAME		
STREET ADDRESS	6955 NW 16TH STREET		6.3 STREET		8
CITY-ST-ZIP	MARGATE FL	with this files does not a	6.4 CITY-S		a stated in Contine 550 07(0)(). Floring Clatutes I hashes applied that the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or or an attachment with an address.

Davline Phone # coop 40

FILED

Feb 18 1997 8:00am

Secretary of State