

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 731937 (9)
1. Corporation Name
**ST. VINCENT CATHOLIC MEN'S CLUB, INCORPORATED, O
F MARGATE, FLORIDA**

Principal Place of Business Mailing Address
6189 NW 10TH STREET MARGATE FL 33063
1419 NW 80TH AVE. #D MARGATE FL 33063 US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 02/20/1975	4. FEI Number 65-0623056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GERRITY, GERALD J 1419 NW 80TH AVE #D MARGATE FL 33063
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Michael J PAPA* **PRES. MICHAEL J PAPA** **3/31/98**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	GERRITY, GERALD J.
1419 NW 80TH AVENUE #D	MARGATE FL
VPD	SCHWEITZER, FRED
1700NW 85TH AVE.	MARGATE FL 33063
TD	MCCARRY, JOHN F
6611 NW 29TH PLACE	MARGATE FL
SD	AMENDOLA, THOMAS
6570 ROYAL PALM BLVD.	MARGATE FL 33063
D	MENDITTO, ANDREW
1501 CATHEDRAL DRIVE	MARGATE FL 33063
D	TRACY, JAMES
6955 NW 16TH STREET	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
PRES	MICHAEL J PAPA
6795 NW 14 PL	MARGATE FL 33063
2.1 TITLE	2.2 NAME
VICE PRES.	JOHN HOFFLER
705 NW 74 WAY	MARGATE FL 33063
3.1 TITLE	3.2 NAME
TD	ANTHONY CAMPOLA
5360 NW 29 CT.	MARGATE FL 33063
4.1 TITLE	4.2 NAME
	6832 NW 3rd ST
	MARGATE FL 33063

14. I 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, changed, or on an attachment with an address.

SIGNATURE: *Michael J PAPA* **MICHAEL J PAPA** **3/31/98** **954 9773962**
Signature and typed or printed name of signing officer or director Date-time stamp

CR2E037 (10/97)