

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90175 032 \*\*\*\*61.25

**DOCUMENT # 731937**

1. Corporation Name

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

Principal Place of Business

**6199 NW 10TH STREET  
MARGATE FL 33063**

Mailing Address

**1700 NW 65TH AVE  
MARGATE FL 33063  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**02/20/1975**

4. FEI Number

**65-0623056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SCHWEITZER, FRED  
1700 NW 65TH AVE  
MARGATE FL 33063**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **PAPA, MICHAEL J**  
STREET ADDRESS **6795 NW 14TH PL**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **VP** ☐ DELETE  
NAME **HOEFER, JOHN**  
STREET ADDRESS **705 NW 74TH WAY**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **TD** ☒ DELETE  
NAME **CAMPOLA, ANTHONY**  
STREET ADDRESS **5360 NW 29TH CT**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **SD** ☐ DELETE  
NAME **AMENDOLA, THOMAS**  
STREET ADDRESS **6832 NW 3RD ST**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **D** ☐ DELETE  
NAME **MENDITTO, ANDREW**  
STREET ADDRESS **1501 CATHEDRAL DRIVE**  
CITY-STATE-ZIP **MARGATE FL 33063**

TITLE **D** ☒ DELETE  
NAME **TRACY, JAMES**  
STREET ADDRESS **6955 NW 16TH STREET**  
CITY-STATE-ZIP **MARGATE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **YOUNG ROBERT**  
1.3 STREET ADDRESS **7306 N.W. 65TH ST**  
1.4 CITY-STATE-ZIP **TAMARAC FL 33321**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **TD POPOVIC RICH**  
3.3 STREET ADDRESS **6066 WINFIELD BLVD.**  
3.4 CITY-STATE-ZIP **MARGATE FL 33063**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D PAPA MICHAEL**  
6.3 STREET ADDRESS **6795 N.W. 14 PL.**  
6.4 CITY-STATE-ZIP **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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/99** **954 971 3962**  
Date Daytime Phone #

CR2E037 (11/98)

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