

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 022 ****70.00

DOCUMENT # 731937

1. Entity Name

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



Principal Place of Business

6009 NW 10TH ST.
MARGATE FL 33063

Mailing Address

1700 NW 65TH AVE
MARGATE FL 33063
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0623056

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEITZER, FRED
1700 NW 65TH AVE
MARGATE FL 33063

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TALERICO, FRANK	
STREET ADDRESS	6710 NW 23RD ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CIARDULLO, VINCENT	
STREET ADDRESS	1035 COUNTRY CLUB DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POPOVICH, RICH	
STREET ADDRESS	6066 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FORD, WILLIAM J	
STREET ADDRESS	1690 NW 66 TERR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINELLA, JOSEPH	
STREET ADDRESS	1620 NW 66 TERR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, PAPA	
STREET ADDRESS	6795 NW 14TH PL	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, NORMAN	
STREET ADDRESS	6870 ROYAL PALM BLVD.	
CITY-ST-ZIP	MARGATE FL. 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVICH, RICH	
STREET ADDRESS	6066 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL. 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RICHARD MARK POPOVICH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-30-65

954 CELL
254-4730