## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #731937**

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



FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90134 039 \*\*\*\*70.00

Making Address 1700 NN 65TH AVE MARCATE, FL 33063  Some and Address of Current Registered Agent  City & State  Some and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Some Address of New Registered Agent  Some Address of New Registered Agent  City FL  Zip Code  Since I Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O3242006   Chg-NP   CR2E037 (11/05)
City & State  Country  S. Certificate of Status Desired  \$ 5. Certificate of Status Desired  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent  \$ 6. Name and Address of New Registered Agent
City & State  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  SCHWEITZER, FRED  SCHWEITZER, FRED  STREET ADDRESS  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL  Zi
Country   Zip   Country   S. Certificate of Status Desired   \$8.7.5 Additional   Fee Required   \$8.7.5 Additional   \$8.7.5 A
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Scritticate of Status Desired  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. City  FL  2tp 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.  8. Street Address (P.O. Box Number is Not Acceptable)  City  FL  2tp 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, a
SCHWEITZER, FRED 1700 NW 65TH AVE MARGATE, FL 33063  City FL Zip Code  3. 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  Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE TALERICO, FRANK 6710 NW 23RD ST.  SIREET ADDRESS FILL ST.  CITY-ST-2P MARGATE, FL 33063  TILE SIREET ADDRESS GITY-ST-2P MARGATE MARGATE, FL 33063  TILE SIREET ADDRESS GITY-ST-2P MARGATE
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City
City  FL  Zip Code  3. 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 prited name of registered agent and title if approache.  (NOTE: Registered Agent signature required when retristating)  OATE  Filling Fee Is \$61.25  Due by May 1, 2006  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INLE  WAVE  TALERICO, FRANK 6710 NW 23RD ST.  DIP-ST-2P  MARCATE, FL 33063  Delete  TITLE  POWLER, NORMAN 6870 ROYAL PALM BLVD  MARGATE, FL 33063  CITY-ST-2P  MARGAT
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, typed or prized ingree of registered agent and trie if approache.
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature
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Due by May 1, 2006  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TALERICO, FRANK 6710 NW 23RD ST. CITY-ST-ZIP MARGATE, FL 33063  TITLE  VAME POWLER, NORMAN STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063  TITLE VAME POWLER, NORMAN STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063  TITLE VAME STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063  TITLE NAME STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063  TITLE SD Delete TITLE NAME POPOVICH, RICH NAME STREET ADDRESS STREET ADDR
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STREET ADDRESS 1620 NW 66 TERR STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE D Change Addition

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 oals; 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 is Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.