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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756853 (8)

1. Corporation Name
MARGATE ITALIAN-AMERICAN CIVIC ASSOCIATION INC.



Principal Place of Business: % M. PLACIDO, 6009 NW 10TH ST, MARGATE FL 33063 US
Mailing Address: % M. PLACIDO, 1195 NW 74 AVE, MARGATE FL 33063-3327 US

3. Date Incorporated or Qualified: 03/19/1981
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-2347405
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLACIDO, MARY
1195 NW 74 AVE
MARGATE FL 33063

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: PD, NAME: AMENDOLA, THOMAS, STREET ADDRESS: 6832 NW 3RD ST, CITY-ST-ZIP: MARGATE FL, DELETE [X]
12.2 TITLE: VP, NAME: MILAZZO, GERALDINE, STREET ADDRESS: 3881 CARAMBOLA CIRCLE, CITY-ST-ZIP: COCONUT CREEK F, DELETE [X]
12.3 TITLE: VP, NAME: SELAFINI, ANGIE, STREET ADDRESS: 7887 GULF CIRCLE DRIVE, CITY-ST-ZIP: MARGATE FL, DELETE [X]
12.4 TITLE: SD, NAME: CUPPARI, ANN, STREET ADDRESS: 2851 NW 61 AVE, CITY-ST-ZIP: MARGATE FL, DELETE [X]
12.5 TITLE: T, NAME: PLACIDO, MARY, STREET ADDRESS: 1195 NW 74 AVE, CITY-ST-ZIP: MARGATE FL, SAME, DELETE []
12.6 TITLE: D, NAME: MISITI, ANTHONY, STREET ADDRESS: 5510 LAKESIDE DR, CITY-ST-ZIP: MARGATE FL, SAME, DELETE []

13.1 TITLE: PD, NAME: MILAZZO, GERALDINE, STREET ADDRESS: 3881 CARAMBOLA CIRCLE, CITY-ST-ZIP: COCONUT CREEK FLA 33063, Change [X] Addition []
13.2 TITLE: VP, NAME: EDWARDS CABAL, STREET ADDRESS: 5661 SW 2 CT, CITY-ST-ZIP: MARGATE FLA 33068, Change [X] Addition []
13.3 TITLE: DELETED
13.4 TITLE: SD, NAME: MARY CICC1, STREET ADDRESS: 7708 MARGATE BLVD, CITY-ST-ZIP: MARGATE FLA 33063, Change [X] Addition []

14. 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 on an attachment with an address.

SIGNATURE: MARY PLACIDO, MARY PLACIDO, 3-8-97 (954) 979 1684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025408

CR2E037 (9/96)