

4/13-98 B-4467-C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 13 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 # 756853 (8)**

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



Principal Place of Business Mailing Address

**% M. PLACIDO**  
**6009 NW 10TH ST**  
**MARGATE FL 33063**  
**US**

**% M. PLACIDO**  
**1195 NW 74 AVE**  
**MARGATE FL 33063**  
**US**

3. Date incorporated or Qualified  
**03/19/1981**

4. FEI Number **59-2347405**

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PLACIDO, MARY**  
**1195 NW 74 AVE**  
**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 **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILAZZO, GERALDINE</b>	
STREET ADDRESS	<b>3881 CARAMBOLA CIR</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	<i>cannot check PLA</i>
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, CABAL</b>	
STREET ADDRESS	<b>5661 SW 2 CT</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CICCI, MARY</b>	
STREET ADDRESS	<b>7708 MARGATE BLVD</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PLACIDO, MARY</b>	
STREET ADDRESS	<b>1195 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MISITI, ANTHONY</b>	
STREET ADDRESS	<b>5510 LAKESIDE DR</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>SEE MILAZZO GERALDINE</i>
3.3 STREET ADDRESS	<i>3881 CARAMBOLA CIR.</i>
3.4 CITY-ST-ZIP	<i>cannot check PLA</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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** 4-4-98 978-1194

CR2E037 (10/97)