

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 756853

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



**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90303 033 \*\*\*\*61.25

Principal Place of Business  
% FRANK B TALERICO  
6710 NW 23 ST  
MARGATE, FL 33063 US

Mailing Address  
% FRANK B TALERICO  
6710 NW 23 ST  
MARGATE, FL 33063 US



01292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2347405	Applied For Not Applicable.
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMENDOLA, THOMAS  
6722 NW 3 STREET  
MARGATE, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

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

*Thomas Amendola*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/04  
DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALERICA, FRANK 6710 NW 23 STREET MARGATE, FL 33063 <i>TALERICO</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMENDOLA, THOMAS 6722 NW 3 STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMENDOLA, THOMAS 6722 NW 3 STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPA, LUCY 6795 NW 14 PLACE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPA, MICHAEL 6795 NW 14 PLACE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Frank B. Talerico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04  
Date

Daytime Phone #