

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N21146** (8)

1. Corporation Name

**ST. LUKE CATHOLIC MEN'S CLUB, INC.**

Principal Place of Business

Mailing Address

% REV. DAVID L. PUNCH  
2370 HAMMOCK BLVD.  
COCONUT CREEK FL 33063

% REV. DAVID L. PUNCH  
2370 HAMMOCK BLVD.  
COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2566632** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 %REV. STEPHEN HILLEY

26 %REV. STEPHEN HILLEY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2370 HAMMOCK BLVD.

27 2370 HAMMOCK BLVD.

City & State

City & State

23 COCONUT CREEK, FL 33063

28 COCONUT CREEK, FL 33063

Zip

Country

Zip

Country

24 BROWARD

29 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLEY, REV. STEPHEN  
2370 HAMMOCK BLVD.  
COCONUT CREEK FL 33063

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HANLON, JOSEPH F.
STREET ADDRESS	4134 CARAMBOLA CIRCLE SO.
CITY ST ZIP	COCONUT CREEK FL
TITLE	TD
NAME	MAHON, JOHN
STREET ADDRESS	140 S LAUREL DR
CITY ST ZIP	MARGATE FL
TITLE	SA
NAME	MAHONEY, EUGENE
STREET ADDRESS	784 BANKS RD
CITY ST ZIP	COCONUT CREEK FL
TITLE	VPD
NAME	CANGIOLSI, ROSARIO
STREET ADDRESS	3532 DEERCREEK PALLADIAN CIRCLE
CITY ST ZIP	DEERFIELD BCH FL
TITLE	PD
NAME	PECTEAU, ROGER
STREET ADDRESS	5541 LAKESIDE DR. #103
CITY ST ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	80000 1476768
14 CITY ST ZIP	-05/05/95--01011--020
21 TITLE	*****61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	SAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CALCATERRA, PAUL
53 STREET ADDRESS	1850 TAMERIND LANE
54 CITY ST ZIP	COCONUT CREEK, FL 33066
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: JOSEPH F. HANLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph F. Hanlon*  
*Sec. 2*

04-20-95

(305) 970-3830