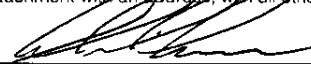


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90032 038 ****61.25

DOCUMENT # N98000002533 1. Entity Name SICILIAN-AMERICAN CULTURAL SOCIETY, INC.					
Principal Place of Business 8641 BOCA GLADES W F BOCA RATON FL 33434			Mailing Address 8641 BOCA GLADES W F BOCA RATON FL 33434		
2. Principal Place of Business 1915 LAVERS CIRCLE		3. Mailing Address 1915 LAVERS CIRCLE			
Suite, Apt. #, etc. E-509		Suite, Apt. #, etc. E-509			
City & State DELRAY BEACH		City & State DELRAY BEACH			
Zip 33444		Country USA		4. FEI Number 65-0830487	
Zip 33444		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINELLI, JOHN P ESQ 1615 FORUM PLACE, SUITE 500-B WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, ALVIN A ☐ Delete 8641 BOCA GLADES W BOCA RATON FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMILLUCCI, ALDO ☒ Delete 4250 NW 30 STREET #158 POMPANO BEACH FL 33066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGILIO, MARY ☒ Change ☐ Addition 4899 NW 5TH AVE BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGILIO, MARY ☒ Delete 4899 NW 5TH AVE BOCA RATON FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIFIGLIA, DOMINICK ☒ Change ☐ Addition 4611 VESPASSIAN CT LAKE WORTH, FL. 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, ROSALIE ☐ Delete 8641 BOCA GLADES W BOCA RATON FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPAGNA, SALVATORE ☒ Delete 5957 ROYAL ISLES BLVD. BOYNTON BEACH FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFUENTE, MARY ☒ Change ☐ Addition 509 NW 55TH TERRACE BOCA RATON, FL. 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIFIGLIA, DOMINICK ☒ Delete 4611 VESPASSIAN CT LAKE WORTH FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGAZZOLO, LEONARD ☒ Change ☐ Addition 23293 ALORA DRIVE BOCA RATON, FL. 33433	
12. I 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 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:  Alvin A. Adams MARCH 7, 2004 561 330-3614					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #