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	Mailing Address
8641 BOCA GLADES W F BOCA RATON FL 33434	8641 BOCA GLADES W F BOCA RATON FL 33434

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
1915 LAVERS CIRCLE	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	Zip: 33444 Country: USA

4. FEI Number: 65-0830487 ☐ Applied For ☐ Not Applicable

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 8641 BOCA GLADES W BOCA RATON FL 33434 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMILLUCCI, ALDO 4250 NW 30 STREET #158 POMPANO BEACH FL 33066 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIGILIO, MARY 4899 NW 5TH AVE BOCA RATON, FL 33431 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIGILIO, MARY 4899 NW 5TH AVE BOCA RATON FL 33431 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIFIGLIA, DOMINICK 4611 VESPASSIAN CT LAKE WORTH, FL. 33463 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADAMS, ROSALIE 8641 BOCA GLADES W BOCA RATON FL 33434 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPAGNA, SALVATORE 5957 ROYAL ISLES BLVD. BOYNTON BEACH FL 33437 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAFUENTE, MARY 509 NW 55TH TERRACE BOCA RATON, FL. 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIFIGLIA, DOMINICK 4611 VESPASSIAN CT LAKE WORTH FL 33463 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGAZZOLO, LEONARD 23293 ALORA DRIVE BOCA RATON, FL. 33433 ☒ Change ☐ Addition

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 #