


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N98000002533 |  |
| 1. Entity Name SICILIAN-AMERICAN CULTURAL SOCIETY, INC. | |

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| Principal Place of Business 1915 LAVERS CIR E509 DELRAY BEACH FL 33444 | Mailing Address 1915 LAVERS CIR E509 DELRAY BEACH FL 33444 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0830487 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent MARINELLI, JOHN P ESQ 1615 FORUM PLACE, SUITE 500-B WEST PALM BEACH FL 33401 | |
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| | |
|--|----------|
| 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, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | ADAMS, ALVIN A |
| STREET ADDRESS | 8641 BOCA GLADES W |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | DIGILIO, MARY |
| STREET ADDRESS | 4899 NW 5TH AVE. |
| CITY-ST-ZIP | BOCA RATON FL 33431 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | DIFIGLIA, DOMINICK |
| STREET ADDRESS | 4611 VESPASSIAN CT. |
| CITY-ST-ZIP | LAKE WORTH FL 33463 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | ADAMS, ROSALIE |
| STREET ADDRESS | 8641 BOCA GLADES W |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | LAFUENTE, MARY |
| STREET ADDRESS | 509 NW 55TH TERR. |
| CITY-ST-ZIP | BOCA RATON FL 33487 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MAGAZZOLO, LEONARD |
| STREET ADDRESS | 23293 ALORA DRIVE. |
| CITY-ST-ZIP | BOCA RATON FL 33433 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U000000281817 |
| STREET ADDRESS | 03/31/05-80019-001 61.25 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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.

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|--|-----------------------|---------|-----------------|
| SIGNATURE | <i>Alvin A. Adams</i> | 3/28/05 | 861 737-2427 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |