


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90020 022 ****61.25

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

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 - No P.O. Box # 1007 SW 5TH CT	3. Mailing Address 1007 SW 5TH CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33426	Country USA
Zip 33426	Country USA

4. FEI Number 65-0830487		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, ALVIN A. 1007 SW 5TH CT BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIGILIO, MARY 4899 NW 5TH AVE. BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIFIGLIA, DOMINICK 4611 VESPASIAN CT. LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ADAMS, ROSALIE 8641 BOCA GLADES W BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ADAMS, ROSALIE 1007 SW 5TH CT. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRIEZO, JOAN 4900 N OCEAN BLVD, # 810 LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAGAZZOLO, LEONARD 23293 ALORA DRIVE. BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **2/1/07 561 737-2427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #