# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 29, 2009**
**Secretary of State**

DOCUMENT# N98000002533

**Entity Name:** SICILIAN-AMERICAN CULTURAL SOCIETY, INC.

**Current Principal Place of Business:**

1007 SW 5TH CT
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1007 SW 5TH CT
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number: 65-0830487** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MARINELLI, JOHN P ESQ
1615 FORUM PLACE, SUITE 500-B
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | ADAMS, ALVIN A | |
| Address: | 1007 SW 5TH CT | |
| City-St-Zip: | BOYNTON BEACH, FL 33426 | |
| Title: | VP | ( ) Delete |
| Name: | DIGILIO, MARY | |
| Address: | 4899 NW 5TH AVE. | |
| City-St-Zip: | BOCA RATON, FL 33431 | |
| Title: | VP | ( ) Delete |
| Name: | DIFIGLIA, DOMINICK | |
| Address: | 4611 VESPASSIAN CT. | |
| City-St-Zip: | LAKE WORTH, FL 33463 | |
| Title: | SD | ( ) Delete |
| Name: | ADAMS, ROSALIE | |
| Address: | 1007 SW 5TH CT | |
| City-St-Zip: | BOYNTON BEACH, FL 33426 | |
| Title: | T | ( ) Delete |
| Name: | FRIEZO, JOAN | |
| Address: | 4900 N OCEAN BLVD, # 810 | |
| City-St-Zip: | LAUDERDALE, FL 33308 | |
| Title: | D | ( ) Delete |
| Name: | MAGAZZOLO, LEONARD | |
| Address: | 23293 ALORA DRIVE. | |
| City-St-Zip: | BOCA RATON, FL 33433 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | GIAMBALVO, BARNEY | |
| Address: | 4894 SUGARPINE DR | |
| City-St-Zip: | BOCA RATON, FL 33487 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | T | (X) Change ( ) Addition |
| Name: | TRAINA, FRANCESCO | |
| Address: | 23379 BOCA TRACE DR | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN A. ADAMS P 06/29/2009
Electronic Signature of Signing Officer or Director — Date