

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703091 (9)

1. Corporation Name
ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BEACH, INC.



FBI No - Incorrect!

Principal Place of Business: 2500 N. DIXIE WEST PALM BEACH FL 33407
Mailing Address: 2500 N. DIXIE WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 10/27/1961
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 SAME
2a. Mailing Address: 26 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25 Country
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Country

4. FEI Number: 50-1058446 59-1058446
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEARY, FRANCIS
100 DORY RD. N.
NORTH PALM BEACH FL 33408

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: FRANCIS B GEARY

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOUZA, DORIS	
STREET ADDRESS	2306 HOLLY LANE	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	1509 LEE COURT	
CITY-ST-ZIP	LANTANA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHENKS, LAVERN	
STREET ADDRESS	4863 ELMHURST RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEARY, FRANCIS B.	
STREET ADDRESS	100 DORY ROAD NO.	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12		
13		
14	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21	PRESIDENT	
22	JOSEPH E. KAHT	
23	3864 SUMMER CHASE CT.	
24	LAKE WORTH FL 33467-2459	
31	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	SCHENKS, LAVERN	
33	4863 ELMHURST RD.	
34	W. PALM BEACH FL	
41		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42		
43		
44		
51		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52		
53	500001833845	
54	-05/22/96--01018--020	
61	***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62		
63		
64		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis B. Geary FRANCIS B GEARY 4/24/96 8450562

CR2E037 (12/95)