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**May 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 703091 (9)
1. Corporation Name
ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BEACH, INC.



Principal Place of Business Mailing Address
**2500 N. DIXIE
WEST PALM BEACH FL 33407** **2500 N. DIXIE
WEST PALM BEACH FL 33407-5912**

3. Date Incorporated or Qualified 10/27/1961	3a. Date of Last Report 05/21/1996
4. FEI Number 59-1058446	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**GEARY, FRANCIS
100 DORY RD. N.
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name SCHENK, LAVERNE
82 Street Address (P.O. Box Number is Not Acceptable) 4863 ELMHURST RD.
83
84 City WEST PALM BEACH FL 85 Zip Code 33409

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 617.0503, Florida Statutes.

SIGNATURE: *Laverne A. Schenk* **LAVERNE SCHENK** **4-30-97**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	SOUZA, DORIS
STREET ADDRESS	2308 HOLLY LANE
CITY - ST - ZIP	PALM BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	KAHT, JOSEPH E
STREET ADDRESS	3884 SUMMER CHASE CT
CITY - ST - ZIP	LAKE WORTH FL 33467
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHENKS, LAVERNE
STREET ADDRESS	4863 ELMHURST RD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	D <input checked="" 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHENK, LAVERNE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Laverne A. Schenk* **LAVERNE SCHENK** **4-30-97** **(561) 683-6570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)