

FILE NOW: FILING FEE IS \$61.25

FILED

**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703091 (9)

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



Principal Place of Business 2500 N. DIXIE WEST PALM BEACH FL 33407	Mailing Address 2500 N. DIXIE WEST PALM BEACH FL 33407
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3. Date Incorporated or Qualified
10/27/1961

4. FEI Number
59-1058446

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SCHENK, LAVERNE
4863 ELMHURST RD
WEST PALM BEACH FL 33409
33417**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUZA, DORIS	1.2 NAME	SOUZA, DORIS
STREET ADDRESS	2306 HOLLY LANE	1.3 STREET ADDRESS	2306 HOLLY LANE
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHT, JOSEPH E	2.2 NAME	
STREET ADDRESS	3864 SUMMER CHASE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENK, LAVERNE	3.2 NAME	SCHENK, LAVERNE
STREET ADDRESS	4863 ELMHURST RD.	3.3 STREET ADDRESS	4863 ELMHURST RD.
CITY-ST-ZIP	W. PALM BEACH FL 33417	3.4 CITY-ST-ZIP	W. PALM BEACH FL 33417
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RUDY FERNANDEZ
STREET ADDRESS		4.3 STREET ADDRESS	14236 ASTER AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LEO GAGNIAR
STREET ADDRESS		5.3 STREET ADDRESS	1064 ISLAND MANOR DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	W. PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 of 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 Schenk* 11/29/98 416931570

CF2E037 (10/97)