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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703091

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/27/1961
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1058446
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHENK, LAVERNE
 4863 ELMHURST RD
 WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUZA, DORIS	1.2 NAME	
STREET ADDRESS	2306 HOLLY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENK, LAVERNE	2.2 NAME	P/D SCHENK, LAVERNE
STREET ADDRESS	4863 ELMHURST RD.	2.3 STREET ADDRESS	4863 ELMHURST RD.
CITY-ST-ZIP	WPB FL 33417	2.4 CITY-ST-ZIP	WPB FL 33417
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, R	3.2 NAME	
STREET ADDRESS	14236 ASTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON LF 33414	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNIER, L	4.2 NAME	
STREET ADDRESS	12064 ISLAND MANOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Doris Souza* SIGNATURE REQUIRED *Doris Souza 4-29-99 (561) 796-4565*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)