


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 703091

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



| | |
|---|---|
| Principal Place of Business 2647 OLD DIXIE RIVIERA BEACH, FL 33404-4119 | Mailing Address 2647 OLD DIXIE RIVIERA BEACH, FL 33404-4119 |
|---|---|

DO NOT WRITE IN THIS SPACE



08242005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1058446 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RYAN, ROBERT
 117 RAMBLEWOOD CIRCLE
 ROYAL PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert M. Ryan* **ROBERT M. RYAN - PRESIDENT** **8-27-05**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SOUZA, DORIS 2308 HOLLY LANE PALM BCH GDNS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SCHENK, LAVERNE 4863 ELMHURST RD. WEST PALM BEACH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARINO, MIKE 290 CELESTIAL WAY, #2 JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WATSON, JAMES 129 HAMMOCKS CT GREENACRES, FL 33413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RYAN, ROBERT 117 RAMBLEWOOD CIRCLE ROYAL PALM BEACH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

UN0000377247
 08/29/05-80001-007 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Robert M. Ryan* **ROBERT M. RYAN PRESIDENT - 8-27-05 (561) 798-0941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #