


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90012 047 ****61.25

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1058446		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name: WATERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable): 6162 SANTA DONNA City: WEST PALM BEACH FL Zip Code: 33415	
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: <i>Michael S. Waters</i> MICHAEL S. WATERS MAY 19, 2006 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
10. Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOUZA, DORIS 2306 HOLLY LANE PALM BCH GDNS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHENK, LAVERNE 4883 ELMHURST RD. WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARINO, MIKE 290 CELESTIAL WAY, #2 JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, JAMES 129 HAMMOCKS CT GREENACRES, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, ROBERT 117 RAMBLEWOOD CIRCLE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, MICHAEL 6162 SANTA DONNA WEST PALM BEACH, FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael S. Waters</i> MICHAEL S. WATERS		Date: 5/19/06 Daytime Phone #: (561) 308-5933	

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