

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703091

FILED
Apr 21, 2007
Secretary of State

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

Current Principal Place of Business:

2647 OLD DIXIE
RIVIERA BEACH, FL 334044119

New Principal Place of Business:

Current Mailing Address:

2647 OLD DIXIE
RIVIERA BEACH, FL 334044119

New Mailing Address:

FEI Number: 59-1058446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, MICHAEL
6162 SANTA DONNA
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SOUZA, DORIS
Address: 2306 HOLLY LANE
City-St-Zip: PALM BCH GDNS, FL 33410

Title: VD () Delete
Name: SCHENK, LAVERNE
Address: 4863 ELMHURST RD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: MARINO, MIKE
Address: 290 CELESTIAL WAY, #2
City-St-Zip: JUNO BEACH, FL 33408

Title: TD () Delete
Name: WATSON, JAMES
Address: 129 HAMMOCKS CT
City-St-Zip: GREENACRES, FL 33413

Title: VD (X) Delete
Name: RYAN, ROBERT
Address: 117 RAMBLEWOOD CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PD () Delete
Name: WATERS, MICHAEL
Address: 6162 SANTA DONNA
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WATERS

PD

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date