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Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749944** (5)

1. Corporation Name

**WEST PALM BEACH CHAPTER #42 DISABLED AMERICAN VE  
TERANS, INCORPORATED**

Principal Place of Business

Mailing Address

**1897 PALM BEACH LAKES  
206  
WEST PALM BEACH FL 33409  
US**

**1897 PALM BEACH LAKES BLVD.  
SUITE #206  
WEST PALM BEACH FL 33409-3508  
US**

3. Date Incorporated or Qualified  
**11/28/1979**

3a. Date of Last Report  
**10/02/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBRA JEAN VAN TRUMP  
1897 PALM BEACH LAKES BLVD.  
SUITE #206  
WEST PALM BEACH FL 33409**

**81** Name **HERBERT H. VANTRUMP**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**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

*Herbert H. Van Trump*  
Signature, typed or printed name of registered agent and title if applicable.

**HERBERT H. VANTRUMP**

**10 JUL 97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **VANTRUMP, DEBRA JEAN J**  
CITY-ST-ZIP **198 WANDERING TRAIL  
JUPITER FL**

1.1 TITLE **V/D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **VANTRUMP, HERBERT**  
CITY-ST-ZIP **198 WANDERING TRAIL  
JUPITER FL**

2.1 TITLE **P/D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ADAMS, JAMES**  
CITY-ST-ZIP **307 E. JASMINE  
LAKE PARK FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **T/D** ☐ Change ☒ Addition  
4.2 NAME **MARGARET E. REILLY**  
4.3 STREET ADDRESS **2751 EAST ASHLEY DRIVE**  
4.4 CITY-ST-ZIP **LAKE WORTH FL 33415**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Herbert H. Van Trump*  
**HERBERT H. VANTRUMP**

**10 JUL 97**

CR2E037 (9/96)