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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749944** (5)
1. Corporation Name

WEST PALM BEACH CHAPTER #42 DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business 1897 PALM BEACH LAKES SUITE #206 WEST PALM BEACH FL 33409 US	Mailing Address 1897 PALM BEACH LAKES BLVD. SUITE #206 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/28/1979 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN TRUMP, HERBERT H
1897 PALM BEACH LAKES BLVD.
SUITE #206
WEST PALM BEACH FL 33409**

81 Name John F. Busby	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1897 Palm Beach Lakes Blvd	
83 Suite # 206	
84 City West Palm Beach Fl. 33409	FL

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 *John F. Busby* **John F. Busby - Commander** DATE **June 17, 98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD <input checked="" type="checkbox"/> DELETE	VANTRUMP, DEBRA JEAN J	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Commander
NAME		1.2 NAME	John F. Busby
STREET ADDRESS	198 WANDERING TRAIL	1.3 STREET ADDRESS	524 Inlet Road N. Palm Bch. fl. 33408
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE PD <input checked="" type="checkbox"/> DELETE	VANTRUMP, HERBERT	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer
NAME		2.2 NAME	Charles Swanson
STREET ADDRESS	198 WANDERING TRAIL	2.3 STREET ADDRESS	107 C Shore Court
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	N. Palm Bch. Fl. 33408
TITLE D <input checked="" type="checkbox"/> DELETE	ADAMS, JAMES	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	National Service Officer
NAME		3.2 NAME	Paul Newton
STREET ADDRESS	307 E. JASMINE	3.3 STREET ADDRESS	740 Ospray Way
CITY-ST-ZIP	LAKE PARK FL	3.4 CITY-ST-ZIP	N. Palm Bch. Fl. 33408
TITLE TD <input checked="" type="checkbox"/> DELETE	REILLY, MARGARET E	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS	2751 E ASHLEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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	200002597422
STREET ADDRESS		6.3 STREET ADDRESS	-07/24/98--01020--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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.

SIGNATURE: *John F. Busby* (John F. Busby Commander) June 1798

CR037 (10/97)