2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State
09-22-2004 90001 003 ****61.25

DOCUMENT # 749944

1. Entity Name
WEST PALM BEACH CHAPTER #42 DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business	Mailing Address
1897 PALM BEACH LAKES 206 WEST PALM BEACH, FL 33409 US	1897 PALM BEACH LAKES 206 WEST PALM BEACH, FL 33409 US

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAKUBOSKI, JOSEPH 201A SEA OATS DR A JUNO BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JAKUBOS, JOSEPH 201A SEA OATS DR JUNO BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MAXINE E. BODMAN P.O. BOX 057415 WEST PALM BEACH FL 33405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSC PLESCIA, FRANK 2010 BONISEE CIRCLE PALM BEACH GARDENS, FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSC SALVATORE UCCELLO 3301 LUCERNE PARK DR GREENACRES FL 33461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT BOSCO, PETER 501 GRAND BANKS RD PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAT BLAINE GJURICH JR 3300 ISLAMORADA WAY PALM BEACH GARDENS FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT BUSBY, JOHN F 524 INLET ROAD N PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSC BUSBY JOHN F 524 INLET RD NORTH PALM BEACH FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: _____ 9-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #