

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90150 015 \*\*\*\*70.00

**DOCUMENT # 749944**

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



Principal Place of Business  
**7305 N MILITARY TRAIL  
ROOM # 1A-141  
WEST PALM BEACH, FL 33409 US**

Mailing Address  
**7305 N MILITARY TRAIL  
ROOM # 1A-141  
WEST PALM BEACH, FL 33409 US**

**50020793**



2. Principal Place of Business  
**7305 N. Military Trail  
Suite, Apt. #, etc.  
Room # 1A-141**

3. Mailing Address  
**7305 N. military Trail  
Suite, Apt. #, etc.  
Room # 1A-141**

05302006 Chg-NP CR2E037 (4/06)

City & State  
**West Palm Beach, FL**  
Zip  
**33410**  
Country  
**US**

City & State  
**West Palm Beach, FL**  
Zip  
**33410**  
Country  
**US**

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**

**UCCELLO, SALVATOR  
3301 LUCERNE PARK DR, Apt. #1101  
GREENACRES, FL 33467-2054**

**7. Name and Address of New Registered Agent**

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 Salvator Uccello Salvator Uccello, Trustee 05/31/2006  
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 6, 2006**

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**

TITLE **P** ☒ Delete  
NAME **UCCELLO, SALVATOR**  
STREET ADDRESS **3301 LUCERNE PARK DR**  
CITY-ST-ZIP **GREENACRES, FL 33467**

TITLE **VP** ☒ Delete  
NAME **JKUBOSKI, JOSEPH**  
STREET ADDRESS **201 SEA OAKS DRIVE, APT A**  
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **T** ☒ Delete  
NAME **WILLIAMS, GERALD F**  
STREET ADDRESS **5304 53RD WAY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P** ☐ Change ☒ Addition  
NAME **Jakuboski, Joseph**  
STREET ADDRESS **201 Sea Oaks Dr., Apt. #9A**  
CITY-ST-ZIP **Juno Beach, FL 33408-1467**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Busby, John F.**  
STREET ADDRESS **524 Inlet Rd.**  
CITY-ST-ZIP **North Palm Beach, FL 33408-4312**

TITLE **T** ☐ Change ☒ Addition  
NAME **Bosco, Peter**  
STREET ADDRESS **501 Grand Banks Rd.**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410-2191**

TITLE **Tr** ☐ Change ☒ Addition  
NAME **Uccello, Salvator**  
STREET ADDRESS **3301 Lucerne Park Dr., Apt. #1101**  
CITY-ST-ZIP **Greenacres, FL 33467-2054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Salvator Uccello Salvator Uccello, Trustee

05/31/2006