

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 005 ****70.00

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1. Entity Name

**WEST PALM BEACH CHAPTER #42 DISABLED AMERICAN
VETERANS, INCORPORATED**



Principal Place of Business

7305 N MILITARY TRAIL
ROOM # 1A-141
PALM BEACH GARDENS FL 33410
US

Mailing Address

7305 N MILITARY TRAIL
ROOM # 1A-141
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**UCCELLO, SALVATOR
3301 LUCERNE PARK DR
GREENACRES FL 33467**

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

Signature, typed or printed name of registered agent and title if applicable.

(Not a Registered Agent signature necessary when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	JOKUBOSKI, JOSEPH	
STREET ADDRESS	201 SEA OATS DR APT 9A	
CITY ST ZIP	NORTH PALM BEACH FL 33408-1467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSBY, JOHN F	
STREET ADDRESS	524 INLET RD	
CITY ST ZIP	NORTH PALM BEACH FL 33408-4312	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOSCO, PETER	
STREET ADDRESS	501 GRAND BANKS RD	
CITY ST ZIP	PALM BEACH GARDENS FL 33410-2191	
TITLE	T	<input type="checkbox"/> Delete
NAME	UCCELLO, SYLVESTER	
STREET ADDRESS	3301 LUCERNE PARK DR. APT 1101	
CITY ST ZIP	LAKE WORTH FL 33467-2091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Jokuboski, Joseph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	UCCELLO, SALVATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

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