



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000000044</b>	
1. Entity Name DISABLED AMERICAN VETERANS AUXILIARY UNIT 42 WEST PALM BEACH, FL., INC.	

Principal Place of Business WEST PALM BCH VAMC 7305 N. MILITARY TRAIL WEST PALM BEACH, FL 33410	Mailing Address 3027 ELISA LANE LAKE WORTH, FL 33461
--	--

DO NOT WRITE IN THIS SPACE

	
01282008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 56-2549167	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DOUCKAS, CATHERINE 3027 ELISA LANE LAKE WORTH, FL 33461	DO NOT WRITE IN THIS SPACE
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000818260 02/15/08-80031-014 70.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EIFERMAN, BLANCHE 365 WELLINGTON J WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREFFER, EMMA 353 E. LAKEWOOD RD. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATEO, DEBORAH 100 VILLAGE GREEN CIR. EAST LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUCKAS, CATHERINE 3027 ELISA LANE LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:** Catherine Douckas 2/4/08 561-964-0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #