

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000044

FILED
Feb 10, 2009
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY UNIT 42 WEST PALM BEACH,FL., INC.

Current Principal Place of Business:

WEST PALM BCH VAMC
7305 N. MILITARY TRAIL
WEST PALM BEACH, FL 33410

New Principal Place of Business:

Current Mailing Address:

3027 ELISA LANE
LAKE WORTH, FL 33461

New Mailing Address:

5775 FERNLEY DRIVE
12 Y
WEST PALM BEACH, FL 33415

FEI Number: 56-2549167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUCKAS, CATHERINE
3027 ELISA LANE
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

DOUCKAS, CATHERINE
5775 FERNLEY DRIVE
WEST PALM BEACH, FL 33415 US

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.

SIGNATURE: CATHERINE DOUCKAS

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EIFERMAN, BLANCHE
Address: 365 WELLINGTON J
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T (X) Delete
Name: PREFFER, EMMA
Address: 353 E. LAKEWOOD RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: MATEO, DEBORAH
Address: 100 VILLAGE GREEN CIR. EAST
City-St-Zip: LAKE WORTH, FL 33461

Title: S () Delete
Name: DOUCKAS, CATHERINE
Address: 3027 ELISA LANE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DOUCKAS, CATHERINE
Address: 5775 FERNLEY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE DOUCKAS

VP

02/10/2009

Electronic Signature of Signing Officer or Director

Date