## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Sandra B. Morthem 🗽

Secretary of State DIVISION OF CORPORATIONS

1997 N96000000947 (9) DOCUMENT #

UNITED VETERANS ADVISORY COUNCIL OF PALM BEACH C **OUNTY, INCORPORATED** 

3826 WHITE HALL DR 1010 JASMINE DR LAKE PARK FL 33403 **APT 104** WEST PALM BEACH FL 33401-1058 Date Incorporated or Qualified 02/20/1996 3a. Date of Last Report 2/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1010 JASMINE 65-0426172 1010 JASMINE DA Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Fl.i LAKE PAIRK LAKE PARK Fl. Trust Fund Contribution Added to Fees Country Mg L m Bepet 8. This corporation has liability for intangible tax under s. 199.032, 33403 Anim Kara 33403 🔀 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name J. LUTIN MERCADO, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 62 847 MAGNOLIA DR **B3** LAKE PARK FL 33403 APT 104 DELFITE West Aum Beach FL. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the abligations of, Section 617.0503, Florida Statutes. LUTIN JACK J. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition 3836 WHITE HALL DR NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS WEST PHLM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 21 TITLE GERALDINE PALKOVIC NAME 2.2 NAME MAGNONIA PARKE, FL STREET ADDRESS 2 3 STREET ADDRESS 33407 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE 7 TITLE TRRASURER NAME 3.2 NAME EMANHEL CARL MATTIOLA STREET ADDRESS 3.3 STREET ADDRESS LAKE MICK F.L. CITY-ST-ZIP 3.4. CITY-ST-ZIP AKE PARK, EL. 33' 4.1 TITLE ☐ Change Addition TITLE DEMANUEL CHILICHIOLO 2658 LORRAINE COURT NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS LAKE PARK, FL. 33403 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TR. Addition TITLE E. STAINLEY BASIST NAME 5.2 NAME SE JUDITER NAKROWS DR. 10780 SE JUPITER NARROWS 10788 STREET ADDRESS 5.3 STREET ADDRESS SOUND, FL, 33455 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE  $\sqrt{
ho}$ 6.1 TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual 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

EMANUEL G. CHINCHIOLO 1/13/97