## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000947

FILED Apr 28, 2005 Secretary of State

Entity Name: UNITED VETERANS ADVISORY COUNCIL AND THRIFT STORE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

1010 JASMINE DR LAKE PARK, FL 33403

Current Mailing Address: New Mailing Address:

1010 JASMINE DR LAKE PARK, FL 33403

FEI Number: 65-0426172 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATIOLA, CARL
3865 15TH STREET
SEBASTIAN, FL 32976 US

MATTIOLA, CARL
3865 15TH STREET
SEBASTIAN, FL 32976 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: CARL MATTIOLA 04/28/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SGARLATO, PETER
 Name:

 Address:
 146 SANTA BARBARA WAY
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

Title: VP ( ) Delete Title: T (X) Change ( ) Addition Name: HILLEBRANDT, SHARON Name: MCDONALD, MARY E MS

Name: HILLEBRANDT, SHARON Name: MCDONALD, MARY E MS
Address: 3529 SAPPHIRE RD. Address: 4470 FEIVEL ROAD #32
City-St-Zip: LAKE WORTH, FL 33462 City-St-Zip: WEST PALM BEACH, FL 33417

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MATTIOLI, CARL
 Name:

 Address:
 3865 15TH STREET
 Address:

 City-St-Zip:
 SEBASTIAN, FL 32976
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY E MCDONALD T 04/28/2005