


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90001 024 ****61.25

DOCUMENT # N96000000947					
1. Entity Name UNITED VETERANS ADVISORY COUNCIL AND THRIFT STORE OF PALM BEACH COUNTY, INC.					
Principal Place of Business 1010 JASMINE DR LAKE PARK, FL 33403			Mailing Address 1010 JASMINE DR LAKE PARK, FL 33403		
2. Principal Place of Business		3. Mailing Address 3772 Renald PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Micco FL		4. FEI Number 65-0426172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32976		Country		06152006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTIOLA, CARL 3865 15TH STREET SEBASTIAN, FL 32976			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, MARY E MS 4470 FEIVEL ROAD #32 WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTIOLI, CARL 3865 15TH STREET SEBASTIAN, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cortley C. Cartere 3772 Renald PL Micco FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Mary E. McDonald</u>		TREASURER		6/14/06 (561) 881-8930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	