

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2008 08:00 AM
Secretary of State**

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
VA MEDICAL CNTR.
WEST PALM BCH, 33410**

Mailing Address

**3772 RENALD PL
MICCO, FL 32976**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0426172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTIOLI
MATTIOLI, CARL
3865 15TH STREET
SEBASTIAN, FL 32976**

**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 *Carl Mattioli* *CARL MATTIOLI* *2-2-2008*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCDONALD, MARY E MS
4470 FEIVEL ROAD #32
WEST PALM BEACH, FL 33417**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MATTIOLI, CARL
3865 15TH STREET
SEBASTIAN, FL 32976**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARTER, CORTLEY C
3772 RENALD PL
MICCI, FL 32976**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000828119
02/22/08-80017-017 61.25

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IN THIS SPACE**

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: *Cortley Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2008 *772-663-8308*
Date Daytime Phone #