2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N96000000947

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

Current Principal Place of Business:

1010 JASMINE DR
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

3772 RENALD PL
MICCO, FL 32976

New Mailing Address:

7214 E. OAKRIDGE CIRCLE
APT 23D
LANTANA, FL 33462

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MATTIOLI, 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 M. MATTIOLI 01/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MCDONALD, MARY E MS
Address: 4470 FEIVEL ROAD #32
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P ( ) Delete
Name: MATTIOLI, CARL
Address: 3865 15TH STREET
City-St-Zip: SEBASTIAN, FL 32976

Title: S ( ) Delete
Name: CARTER, CORTLEY C
Address: 3772 RENALD PL
City-St-Zip: MICCI, FL 32976

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALKER, JIMMY
Address: 141 SANDPIPER AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: V-P (X) Change ( ) Addition
Name: LOWENTHAL, HOWARD
Address: 5243 TIFFANY ANNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T (X) Change ( ) Addition
Name: DICKMANN, WES
Address: 7214 OAKRIDGE CIRCLE, APT 23D
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Change (X) Addition
Name: MATTIOLI, CARL M
Address: 3865 15TH STREET
City-St-Zip: MICCO, FL 32976 US

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: JIMMY WALKER PRES 01/05/2009
Electronic Signature of Signing Officer or Director Date