


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05 MAY -5 AM 9:46

FILED
FLORIDA

DOCUMENT # 728272 1. Entity Name NEW PORT RICHEY CHAPTER #78 DISABLED AMERICAN VETERANS, INC.					
Principal Place of Business 6711 JEFFERSON STREET P O BOX 1914 NEW PORT RICHEY, FL 34652 US			Mailing Address P O BOX 1914 P O BOX 1914 NEW PORT RICHEY, FL 34656-1914 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CLAMP, PAUL H SR 12708 LITEWOOD DR HUDSON, FL 34669				7. Name and Address of New Registered Agent 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 <u>PAUL JH. CLAMP, Sr.</u> <i>Paul H. Clamp Sr.</i> April 30, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA AUCHU, ROBERT J 9108 ELSA CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600054697586 05/17/05--01092--001 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLAMP SR, PAUL H 12708 LITEWOOD DR HUDSON, FL 34669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, KENNETH L. 2126 PAMELA DRIVE HOLIDAY, FL 34690 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERT, FREDERICK M 2341 STAGHORN DR HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERT, FREDERICK M 15945 Jackie Lane Hudson, FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROUSSARD, GRADY 8625 WOODCREST DR PORT RICHEY, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, ANTHONY 8512 Newton Drive Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DEILEN, JUANITA 5412 CHARLOTTE AVE APT 107 NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGLIO, MICHAEL J. 11725 Spring Tree Lane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18-0743(4), Florida Statutes, and 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: PAUL H. CLAMP, Sr. <i>Paul H. Clamp Sr.</i> (727) 845-3886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					