


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 728272</b>		
1. Entity Name NEW PORT RICHEY CHAPTER #78 DISABLED AMERICAN VETERANS, INC.		

FILED  
07 JUN 15 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06052007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # 6711 Jefferson Street		3. Mailing Address PO BOX 1914	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, Florida		City & State New Port Richey, Florida	
Zip 34652	Country USA	Zip 34656-1914	Country USA

4. FEI Number 59-6196559	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Jon D. Petersen Street Address (P.O. Box Number is Not Acceptable) 7838 Trail Run Loop City New Port Richey FL Zip Code 34653	
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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 Jon D. Petersen Jon D. Petersen, T, S, D, C, M 6/5/07  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA PATERSEN, JON 7838 TRAIL RUN LOOP NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D/C/M Petersen, Jon D. 7838 Trail Run Loop New Port Richey, Florida 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLAMP SR, PAUL H 12708 LITEWOOD DR HUDSON, FL 34669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M/C/D Kaempf, William R. 12269 Circle Lake Drive Hudson, Florida 34669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAEMPH, BILLY 12269 CIRCLE LKE DR HUDSON, FL 34669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kaempf, William R. 12269 Circle Lake Drive Hudson, FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDOR, ALAN 7265 BROADMOOR DR #5 NEW PORT RICHEY, FL 346534480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100104520751 06/18/07--01073--011 *\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, RUSSELL 465 SHADDOCK ST TARPON SPRINGS, FL 34689 <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 CROMLEY, RAY 6611 GARDEN PALM CT NEW PORT RICHEY, FL 346555117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/15/07 <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: Jon D. Petersen Jon D. Petersen 6/5/07 (727) 232-3732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #