


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 006 ****61.25

DOCUMENT # 728272 1. Entity Name NEW PORT RICHEY CHAPTER #78 DISABLED AMERICAN VETERANS, INC.																																																																																																																																									
Principal Place of Business 6711 JEFFERSON STREET NEW PORT RICHEY, FL 34652 US				Mailing Address P O BOX 1914 NEW PORT RICHEY, FL 34656-1914 US																																																																																																																																					
2. Principal Place of Business - No P.O. Box #		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				7. Name and Address of New Registered Agent																																																																																																																																					
PETERSEN, JON D 7838 TRAIL RUN LOOP NEW PORT RICHEY, FL 34653				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <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, 2008		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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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.																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Jon D. Petersen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <i>2/2/08</i> <small>Date</small> </div> <div> <i>727-232-3732</i> <small>Daytime Phone #</small> </div> </div>																																																																																																																																									