SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N24251

(3)

DISABLED AMERICAN VETERANS AUXILIARY NEW PORT RI CHEY, UNIT #78, INC.																	
Principal Plac	ce of Business		M	lailing Add	ress					-  IIII		HEIL (ISE)					
P O BOX 1301 NEW PORT RICHEY FL 34656				P O BOX 1301 NEW PORT RICHEY FL 34656						4. FEI Nur	7/1988 nber	or Qualifi	ed		×		ed For
2 Principal 6	Place of Business			. Mailing A	\ ddraaa		-		··	59-27	<u> 295398</u>						pplicable
21 6711	Jeffe	150N	ST 26	P.O. 1	Box /	30	/			5. Certifica	te of Statu	s Desired		]		Requ	ired
Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  27								6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees									
23 NEW PORT RICKLY 28 F.Q.									7. Is this nonprofit corporation a homeowners association?								
Zip . I C		Country	<u> </u>	Zip	,,	L	Country	aen		8. This cor	poration ov	ves or ha	s paid th	e cu <u>rre</u>	nt year	Intang	ible
24 746	56 25	Pasce	29			30	Countr	MSC	0		Property			=	Yes	<u> </u>	lo
	9. Name and	Address of (	Current Regi	stered Age	ent			<del></del>		10. Name a	nd Addres	s of Nev	v Regist	ered A	gent		
							81	Name	9								
	KETHLEEN						82	Street	Addres	ss (P.O. Box I	Number is I	Not Acce	otable)				
7813 WEL		4050					83	<b> </b>			·						
NEW PUR	RT RICHEY FL 3	4003							_								
							84	City				, .		FL	85 Zi	p Coc	le
11. Pursuant	to the provisions of	sections 617	.0502 and 61	7.1508, Flo	rida Statute	s, the	above-n	amed co	orporatio	on submits this	s statement	t for the p	urpose o	f chanc	lng its n	egiste	red
office or re	egist <b>ere</b> d agent, or m familiar with, an	both, in the t	State of Florid	la. Such ch	ange was a	uthor	ized by t	he coror	oration's	s board of dire	ctors. I her	eby acce	pt the ap	pointm	ent as re	episte	red
l agent.ia⊲	ım tərninar witn, an	a accept the c	odiigations of,	section 61	7.0503. Flo	rida S	Statutes.	.,,, oo, p.						,			
agent. I a	Baller	v ma	their		7.0503, Flo	rida S	Statutes.	no corp.					7-	25.	98		
SIGNATURE	# # 201	od name of registe	Liliui red agent and little	If applicable.			tegistered A			ed when reinstating	)		7- DA	25.	48		
SIGNATURE	Signature, typed or print	od name of registe	their	If applicable.	(/		tegistered A			ed when reinstating			7- DA	25 S AND	DIREC	TORS	IN 12
SIGNATURE 12. THLE	Signature, typed or print	ed name of registe	Liliui red agent and little	If applicable.			tegistered A 13. 1.1 TITLE			ed when reinstating	)		7- DA	25 S AND	48	TORS	-
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

IG OFFICER OR DIRECTOR

CITY-ST-ZIP

7-25-58

**FILED** 

Sep 10 1998 8:00am'

Secretary of State

Daytime Phone #