

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)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY NEW PORT RICHEY, UNIT #78, INC.

Principal Place of Business

Mailing Address

P O BOX 1301  
NEW PORT RICHEY FL 34656

P O BOX 1301  
NEW PORT RICHEY FL 34656

2. Principal Place of Business

21 6711 Jefferson ST

2a. Mailing Address

26 P.O. Box 1301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 New Port Richey

24 34656

25 Pasco

27 City & State

28 Fla.

29 34656

30 Pasco

9. Name and Address of Current Registered Agent

MARTIN, KETHLEEN  
7813 WELLAND ST  
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

01/07/1988

4. FEI Number

59-2295398

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *Kathleen Martin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

7-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME MARTIN, KETHLEEN  
STREET ADDRESS 7813 WELLAND ST  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE SVD ☐ DELETE  
NAME BROUSARD, BARBARA  
STREET ADDRESS 8625 WOODCREST DR  
CITY-ST-ZIP PORT RICHEY FL

TITLE TD ☒ DELETE  
NAME BELVINS, BARBARA  
STREET ADDRESS 5817 RIO DR  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Teresa G. Passier  
3.3 STREET ADDRESS 8507 Moulton DR  
3.4 CITY-ST-ZIP Port Richey FL 34668 TD

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Kathleen Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-98

Date

Daytime Phone #

FILED  
Sep 10 1998 8:00am  
Secretary of State



CR2E037 (5/98)