


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90241 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24251					
1. Corporation Name DISABLED AMERICAN VETERANS AUXILIARY NEW PORT RICHEY, UNIT #78, INC.					
Principal Place of Business 6711 JEFFERSON ST NEW PORT RICHEY FL 34656 US			Mailing Address P O BOX 1301 NEW PORT RICHEY FL 34656		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2295398	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent MARTIN, KETHLEEN 7813 WELLAND ST NEW PORT RICHEY FL 34653				10. Name and Address of New Registered Agent			
				81	Name Judith Shumaker		
				82	Street Address (P.O. Box Number is Not Acceptable) 12708 LITWOOD DRIVE		
				83	City HUDSON, FLORIDA		
				84	City	85 Zip Code FL 34669	

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 Judith Shumaker DATE 2/22/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, KETHLEEN			1.2 NAME	JUDITH SHUMAKER		
STREET ADDRESS	7813 WELLAND ST			1.3 STREET ADDRESS	12708 LITWOOD DR		
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP	HUDSON FL 34669		
TITLE	SVD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRDUSARD, BARBARA			2.2 NAME			
STREET ADDRESS	8625 WOODCREST DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASSLER, TERESA G			3.2 NAME	TERESA CAPONERO		
STREET ADDRESS	8507 MOULTON DR			3.3 STREET ADDRESS	8507 MOULTON DR		
CITY-ST-ZIP	PORT RICHEY FL 34668			3.4 CITY-ST-ZIP	PORT RICHEY FL 34668		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Judith Shumaker DATE 2/22/99 727- 847-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)