

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90006 022 ****61.25

DOCUMENT # N24251

1. Entity Name

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



Principal Place of Business

Mailing Address

**6711 JEFFERSON ST
NEW PORT RICHEY FL 34656
US**

**P O BOX 1301
NEW PORT RICHEY FL 34656**

J4UJ3319



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOY, CATHLEEN
7334 RYMAN LOOP
ZEPHYRHILLS FL 33540**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CMD
NAME MCCOY, CATHLEEN ☒ Delete
STREET ADDRESS 7334 RYMAN LOOP
CITY-ST-ZIP ZEPHYRHILLS FL 33540-1518

TITLE SVC
NAME MARCHISIO, BARBARA ☐ Delete
STREET ADDRESS 10304 WOODLAND DR
CITY-ST-ZIP HUDSON FL 34669

TITLE T
NAME CARNEY, GRETCHEN ☐ Delete
STREET ADDRESS 4651 MADISON STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE JVC
NAME PERRY, DORIS ☒ Delete
STREET ADDRESS 9530 DANVILLE CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SVD
NAME MARCHISO, BARBARA ☒ Delete
STREET ADDRESS 4409 RUDDER WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE JVD
NAME RANSOME, MINNIE MAE ☒ Delete
STREET ADDRESS 2351 LEMUR DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE CMD ☒ Change ☐ Addition
NAME Clamp Judith new
STREET ADDRESS 12708 Lite Wood St.
CITY-ST-ZIP Hudson, FL, 34669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE JVC ☒ Change ☐ Addition
NAME Covert, Verna new
STREET ADDRESS 15945 Jacki Lane
CITY-ST-ZIP Hudson, FL, 34669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Barbara Broussard (BARBARA BROUSSARD) Adj. 4-8-04 727-863-1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR