


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90302 015 ****61.25

| | |
|---|---|
| DOCUMENT # N24251 |  |
| 1. Entity 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 Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2295398 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent MCCOY, CATHLEEN 7334 RYMAN LOOP ZEPHYRHILLS FL 33540 <i>Margaret E. Kirke</i> |
|--|

| |
|---|
| 7. Name and Address of New Registered Agent Name Margaret E. Kirke Street Address (P.O. Box Number is Not Acceptable) 7420 San Salvadore Dr. City Port Richey FL Zip Code 34668 |
|---|

| |
|---|
| 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 <i>Margaret E. Kirke</i> (NOTE: Registered Agent signature required when reinstating) DATE April 16, 2005 |

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMD CLAMP, JUDITH 12708 LATEWOOD ST. HUDSON FL 34669 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVC MARCHISIO, BARBARA 10304 WOODLAND DR HUDSON FL 34669 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARNEY, GRETCHEN 4651 MADISON STREET NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JVC COVERT, VERNA 15945 JACKI LANE HUDSON FL 34669 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD MARCHISO, BARBARA 4409 RUDDER WAY NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Cmd. Kirke, Margaret E. 7420 San Salvadore Dr. Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVC Gilliland, Cheryl A. 9401 Richwood Lane Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JVC Wyatt, Doris J. 6108 Central Ave. New Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|---|---------------------------------|
| 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: <i>Margaret E. Kirke</i> | 16 April 05 727-842-4568 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |