## 2007 NOT-FOR-PROFIT CORPORATION

## Aug 09, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N24251 08-09-2007 90055 010 \*\*\*\*61.25 DISABLED AMERICAN VETERANS AUXILIARY NEW PORT RICHEY, UNIT #78, INC. Principal Place of Business Mailing Address 6711 JEFFERSON ST P O BOX 1301 NEW PORT RICHEY FL 34656 NEW PORT RICHEY FL 34656 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-2295398 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo Cheryl Gilliland KIRKE, MARGARET E Street Address (P.O. Box Number is Not Acceptable) 9401 Richwood Lane 7420 SAN SALVADORE DR PORT RICHEY FL 34668 New Port, F1. 34668 Zip Code FL 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 Signifiure, typed or printed name or registered agent and life it applicable $^{\prime}N^{\prime}/^{\prime}$ . Registered Agant signature reducted when reinstalling) DA1E FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007; Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ₩ Change Delete $\Pi\Pi$ ■ Addition HILL Gilliland, Cheryl NAME KIRKE, MARGARET E NAME 9401 Richwood Lane STREET ADDRESS STREET ADDRESS 7420 SAN SALVADORE DR New Port Richey, F1 34668 CITY ST 7IP CHY ST ZIP PORT RICHEY FL 34668 11111 Change ☐ Addition 11111 SVC Delete Sandy Bedor 7265 Broadmoor Drive Apt.5 NAME GILLILAND, CHERYL A NAMI STRUET ADORESS STRUET ADDRESS 9401 RICHWOOD LANE New Port Richey Fl. 34668 CHY ST 7P PORT RICHEY FL 34668 CITY ST ZIP Daleta 11111 Addition 1000 ☐ Change NAMÍ NAME CARNEY, GRETCHEN STREET ADDRESS STRLLLADORESS 4651 MADISON STREET CHY ST ZIP CITY ST ZIP NEW PORT RICHEY FL 34652 ☐ Delete ЩЦ Change ■ Addition HIII JVC NAME NAME WYATT, DORIS J STELL LADDRESS STREET ADDRESS 6108 CENTRAL AVE CHY ST ZIP CITY ST 7IP NEW PORT RICHEY FL 34653 THE HILE Change Addition Delete NAME MARCHISO, BARBARA STREET ADDRESS STREET ADDRESS 4409 RUDDER WAY CITY ST 7IP CHY ST ZIP NEW PORT RICHEY FL 34652 TITLE ☐ Defete 11111 Change Addition NAMI NAMI

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath; 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.

STREET ADDRESS CHY ST ZIP

STREET ADDRESS

CITY ST 7IP

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED