

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24251

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6711 JEFFERSON ST  
NEW PORT RICHEY, FL 34656 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1301  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-2295398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLILAND, CHERYL  
9401 RICHWOOD LANE  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CMD  
Name: GILLILAND, CHERYL  
Address: 9401 RICHWOOD LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: SVC  
Name: BEDOR, SANDY  
Address: 7265 BROADMOOR DRIVE APT. 5  
City-St-Zip: PORT RICHEY, FL 34668

Title: T  
Name: CARNEY, GRETCHEN  
Address: 4651 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: JVC  
Name: KIRKE, MARGARET  
Address: 7420 SAN SALVADORE DR  
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL GILLILAND

CMD

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date