

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90197 006 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ERROR
BLAKE, RUTH
8341 FLAXEN STREET
PORT RICHEY FL 34668

Cathleen McCoy
7334 Ryman Loop
Zephyrhills, Fl.
33540-1518

Name

Cathleen McCoy

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

7334 Ryman Loop

Zephyrhills, Fl.

City

FL

Zip Code

33540-1518

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 **Cathleen McCoy Commander Cathleen McCoy** **4-703**
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **GB CMD** ☐ Delete
NAME **MCCOR, CATHLEEN**
STREET ADDRESS **7334 RYMAN LOOP**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540-1518**

TITLE **CMD** ☐ Change ☐ Addition
NAME **McCoy, Cathleen** **correction**
STREET ADDRESS **7334 Ryman Loop**
CITY-ST-ZIP **Zephyrhills, FL, 33540-1518**

TITLE **CMD** ☒ Delete
NAME **BLAKE, RUTH ERROR**
STREET ADDRESS **8341 FLAXEN ST**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **SVC** ☐ Change ☐ Addition
NAME **Barbara Marchisio**
STREET ADDRESS **10304 Woodland Dr.**
CITY-ST-ZIP **Hudson, FL 34669**

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

TITLE **TRD** ☐ Change ☐ Addition
NAME **Carney, Gretchen**
STREET ADDRESS **4651 Madison St.**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **SVC** ☒ Delete
NAME **WYATT, DORIS ERROR**
STREET ADDRESS **6108 CENTRAL LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **JVC** ☐ Change ☒ Addition
NAME **Doris Perry**
STREET ADDRESS **9530 Darville Ct.**
CITY-ST-ZIP **New Port Richey, FL 34655**

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

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

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

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: **SIGNATURE REQUIRED** **Barbara Broussard** **April 4, 2003** **727-863-1939**

CR2E037 (10/02)