

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 029 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **728089**

1. Corporation Name

BAY PINES-HOLIDAY ISLES CHAPTER #13, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

140 COREY AVE
~~PO BOX 66852~~
 ST. PETERSBURG BEACH FL 33736-3852

Mailing Address

~~140 COREY AVE~~
 PO BOX 66852
 ST. PETERSBURG BEACH FL 33736-3852



2. Principal Place of Business

21 **140 COREY AVE**

Suite, Apt. #, etc.

22

City & State

23 **ST PETE BEACH, FL**

Zip Country

24 **33706**

25

2a. Mailing Address

26 **P.O. BOX 66852**

Suite, Apt. #, etc.

27

City & State

28 **ST PETE BEACH, FL**

Zip Country

29 **33736-6852**

30

3. Date Incorporated or Qualified

11/20/1973

4. FEI Number

59-6196561

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRANKO, JOSEPH J.
7841 1ST AVE SOUTH
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD LEWIS, HERBERT A. JR**
 STREET ADDRESS **545 LILLIAN DR**
 CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE DELETE
 NAME **VD MILLER, CALVIN**
 STREET ADDRESS **10761 CLARA LANE**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE DELETE
 NAME **VD WILLIAMS, WILLIAM B**
 STREET ADDRESS **631 FAIRWOOD AVE., APT 295**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE DELETE
 NAME **VD PIERCE, ROBERT**
 STREET ADDRESS **5831 BAY LAKE DRIVE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **VD RICHARD A. POULIN**
 2.3 STREET ADDRESS **10005 BAY PINES BLVD LOT 10**
 2.4 CITY-ST-ZIP **ST PETERSBURG, FL 33708**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **VD ANTHONY V. PEGG JR.**
 4.3 STREET ADDRESS **6299 BAHIA DL MAR CR APT 214**
 4.4 CITY-ST-ZIP **ST PETERSBURG, FL 33160**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **HERBERT A. LEWIS JR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

Date

727-391-0586

Daytime Phone #

CR2E037 (5/99)