

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

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90151 010 ****61.25

DOCUMENT # 728089

1. Entity Name
**BAY PINES-HOLIDAY ISLES CHAPTER #13, DISABLED AM
ERICAN VETERANS, INC.**



Principal Place of Business Mailing Address
**140 COREY AVE PO BOX 66852
SAINT PETERSBURG BCH FL 33706 ST. PETERSBURG BEACH FL 33736-3852**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6196561		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FARLEY, GILBERT W 5756 ORANGE RD SEMINOLE FL 33772				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FARLEY, GILBERT W		NAME				
STREET ADDRESS	5756 ORANGE RD.		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCVEIGH, THOMAS W		NAME				
STREET ADDRESS	4420-11TH AVE N		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33713		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCVEIGH, THOMAS W		NAME	ELL, BOBBIE J			
STREET ADDRESS	6548 6TH AVE. NORTH		STREET ADDRESS	4420 11th AVE N.			
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		CITY-ST-ZIP	ST. PETERSBURG FL, 33713			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ELL, BOBBIE J		NAME	JOHN FARMONE			
STREET ADDRESS	4420 11TH AVE N		STREET ADDRESS	6339 22ND AVE. N.			
CITY-ST-ZIP	ST PETERSBURG FL 3373		CITY-ST-ZIP	ST. PETERSBURG FL. 33710			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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

5/16/03

CR2E037 (10/02)