FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760838** **(3)**

1. Corporation Name

BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS , INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
920 HOSPITAL DR P.O. BOX 654 NICEVILLE FL 32588	920 HOSPITAL DR P.O. BOX 654 NICEVILLE FL 32588

3. Date Incorporated or Qualified: **11/25/1981**

3a. Date of Last Report: **04/13/1994**

4. FEI Number: **23-7249512** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WESTMORELAND, VICTOR 94 AURORA ST PO BOX 341 VALPARAISO FL 32580	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BENTON, ROBERT	1.2 NAME		
STREET ADDRESS	164 23RD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 0	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BLALOCK, ROBERT	2.2 NAME		
STREET ADDRESS	1404 23RD STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 0	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	REINHARDT, ROBERT	3.2 NAME		
STREET ADDRESS	111 FRIAR TUCK DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MADDOX, ROY D.	4.2 NAME	CRANDALL, WILLIAM A.	
STREET ADDRESS	138 MADDOX RD.	4.3 STREET ADDRESS	105 REDMAN COURT	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	NICEVILLE, FL. 32578	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	WESTMORELAND, VICTOR	5.2 NAME		
STREET ADDRESS	P.O. BOX 341, NA	5.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 18 Apr 1995 678-3505
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

007/1995