

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

19963-1996

2475
(3)

C

DOCUMENT # 760838

1. Corporation Name

BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS
, INCORPORATED

Principal Place of Business

Mailing Address

920 HOSPITAL DR
P.O. BOX 654
NICEVILLE FL 32588

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P.O. BOX 654
NICEVILLE FL 32588



3. Date Incorporated or Qualified
11/25/1981

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
23-7249512

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

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 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 VICTOR WESTMORELAND

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

(NOTE: Registered Agent signature required when reinstating)

DATE

13 MAR 96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BENTON, ROBERT ☐ DELETE
STREET ADDRESS 164 23RD ST.
CITY-ST-ZIP NICEVILLE, FL 0

TITLE VD
NAME BLALOCK, ROBERT ☐ DELETE
STREET ADDRESS 1404 23RD STREET
CITY-ST-ZIP NICEVILLE, FL 0

TITLE TD
NAME REINHARDT, ROBERT ☐ DELETE
STREET ADDRESS 111 FRIAR TUCK DR
CITY-ST-ZIP NICEVILLE FL

TITLE D
NAME CRANDALL, WILLIAM A ☐ DELETE
STREET ADDRESS 105 REDMAN CT
CITY-ST-ZIP NICEVILLE FL

TITLE SD
NAME WESTMORELAND, VICTOR ☐ DELETE
STREET ADDRESS P.O. BOX 341, NA
CITY-ST-ZIP VALPARAISO FL

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: Robert Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MAR 96

Date

904 678 5464

Daytime Phone

CR2E037 (12/95)