

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760838** (3)

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**

**920 HOSPITAL DR  
P.O. BOX 654  
NICEVILLE FL 32588-0654**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/25/1981</b>	3a. Date of Last Report <b>03/19/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-7249512</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTMORELAND, VICTOR  
84 AURORA ST  
PO BOX 341  
VALPARAISO FL 32580**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTON, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>184 23RD ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE, FL 0</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLALOCK, ROBERT</b>	2.2 NAME	<b>VD</b>
STREET ADDRESS	<b>1404 23RD STREET</b>	2.3 STREET ADDRESS	<b>MADDOX, WALTER G.</b>
CITY - ST - ZIP	<b>NICEVILLE, FL 0</b>	2.4 CITY - ST - ZIP	<b>803 Linden Ave.</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINHARDT, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>111 FRIAR TUCK DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANDALL, WILLIAM A</b>	4.2 NAME	
STREET ADDRESS	<b>105 REDMAN CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTMORELAND, VICTOR</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 341, NA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VALPARAISO FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Robert Westmoreland**  
SIGNATURE AND TYPED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

29 Mar 97 904 678 3525

Date

Daytime Phone # 0074819

CR2E037 (9/96)