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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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**

3. Date Incorporated or Qualified

11/25/1981

4. FEI Number

23-7249512

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

(NONE. Registered Agent signature required when reinstating)

2 April 98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE ☐ DELETE
NAME **VD MADDOX, WALTER G**
STREET ADDRESS **803 LINDEN AVE**
CITY - ST - ZIP **NICEVILLE FL**

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

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D ROBERT A BREWER**
4.3 STREET ADDRESS **112 FOURTH STREET**
4.4 CITY - ST - ZIP **NICEVILLE, FL.**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Victor Westmoreland

2 April 98 850-678-7560

CR2E037 (10/97)