

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 760838

1. Entity Name

**BAY AREA CHAPTER 112, DISABLED AMERICAN
VETERANS, INCORPORATED**



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

23-7249512

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MADDOX, WALTER G
STREET ADDRESS	803 LINDEN AVE
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	BENTON, ROBERT
STREET ADDRESS	184 23RD ST
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	TD
NAME	REINHARDT, ROBERT
STREET ADDRESS	111 FRIAR TUCK DR
CITY - ST - ZIP	NICEVILLE, FL
TITLE	D
NAME	BREWER, ROBERT D.
STREET ADDRESS	112 FOURTH STREET
CITY - ST - ZIP	NICEVILLE, FL
TITLE	SD
NAME	WESTMORELAND, VICTOR
STREET ADDRESS	P.O. BOX 341, NA
CITY - ST - ZIP	VALPARAISO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/04

Date

850-678-7560

Daytime Phone #