2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #760838

BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business

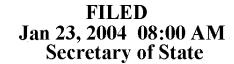
920 HOSPITAL DR P.O. BOX 654

NICEVILLE, FL 32588

Mailing Address

920 HOSPITAL DR P.O. BOX 654

NICEVILLE, FL 32588





01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number		Applied For
23-7249512		Not Applicable
	- \$8	75 Additional

and the second s

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

94 AUROR PO BOX 34 VALPARAI	41 SO, FL 32580			ÎN T	NOT WRI THIS SPAC	DE
the obligati	named entity submits this statement for ions of registered agent. Sendure, lyod or proted name of regulated agent a			egistered agent, or bo		I am familiar with, and accept
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
TO. FIFLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND S PD MADDOX, WALTER G 803 LINDEN AVE NICEVILLE, FL 32578	DIRECTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD BENTON, ROBERT 184 23RD ST NICEVILLE, FL 32578		ے سف وہ میں اندوائی		01/23/04-90	0749 007-025 61.25
TYTLE NAME STREET ADORESS CITY - ST - ZIP	TD REINHARDT, ROBERT 111 FRIAR TUCK DR NICEVILLE, FL		± er kernisse	DO	NOT WR	ITE
title Name Street address City-St-Zip	D BREWER, ROBERT D. 112 FOURTH STREET NICEVILLE, FL		en je s	in	THIS SPA	CE
TITLE NAME STREET ADDRESS CXTV -ST - ZVP	SD WESTMORELAND, VICTOR P.O. BOX 341, NA VALPARAISO, FL		en visa i dvidas			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forida 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 regord as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an againess, with all other like empoyered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP