


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State


01-30-2008 90033 026 ****61.25

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40013801



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7249512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHARDT, ROBERT 111 FRIAR TUCK DRIVE NICEVILLE, FL 32578	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, WALTER G	NAME	
STREET ADDRESS	803 LINDEN AVE	STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE, FL 32578	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, ROBERT	NAME	
STREET ADDRESS	164 23RD ST	STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE, FL 32578	CITY - ST - ZIP	
TITLE	SDTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARDT, ROBERT	NAME	REINHARDT, ROBERT
STREET ADDRESS	111 FRIAR TUCK DR	STREET ADDRESS	111 FRIAR TUCK DR.
CITY - ST - ZIP	NICEVILLE, FL 32578	CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DAVID S	NAME	
STREET ADDRESS	1585 MEADOWBROOK CT	STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE, FL 32578	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HOWARD	NAME	
STREET ADDRESS	58 HIDDEN COVE	STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO, FL 32580	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MC GINNITY, ANTHONY
STREET ADDRESS		STREET ADDRESS	403 SILVER CREEK COVE
CITY - ST - ZIP		CITY - ST - ZIP	NICEVILLE, FL 32578

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/25/08 850-678-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #