

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760838

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

920 HOSPITAL DR  
NICEVILLE, FL 32578

**Current Mailing Address:**

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

**New Mailing Address:**

111 FRIAR TUCK DR  
NICEVILLE, FL 32578

**FEI Number:** 23-7249512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINHARDT, ROBERT  
111 FRIAR TUCK DRIVE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MADDOX, WALTER G  
Address: 803 LINDEN AVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: BENTON, ROBERT  
Address: 164 23RD ST  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: REINHARDT, ROBERT  
Address: 111 FRIAR TUCK DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: PIERCE, DAVID S  
Address: 1585 MEADOWBROOK CT  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: ANDERSON, HOWARD  
Address: 58 HIDDEN COVE  
City-St-Zip: VALPARAISO, FL 32580

Title: SD ( ) Delete  
Name: MCGINNITY, ANTHONY  
Address: 403 SILVER CREEK COVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT REINHARDT

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date