2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760838

FILED Jan 06, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

920 HOSPITAL DR NICEVILLE, FL 32578

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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

Name: MADDOX, WALTER G Address: 803 LINDEN AVE City-St-Zip: NICEVILLE, FL 32578

Title: VD

Name: BENTON, ROBERT Address: 164 23RD ST

City-St-Zip: NICEVILLE, FL 32578

Title: TD

Name: REINHARDT, ROBERT Address: 111 FRIAR TUCK DR. City-St-Zip: NICEVILLE, FL 32578

Title:

Name: PIERCE, DAVID S

Address: 1585 MEADOWBROOK CT City-St-Zip: NICEVILLE, FL 32578

Title:

 Name:
 ANDERSON, HOWARD

 Address:
 58 HIDDEN COVE

 City-St-Zip:
 VALPARAISO, FL 32580

Title: SD

Name: MCGINNITY, ANTHONY
Address: 403 SILVER CREEK COVE
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY MCGINNITY SD 01/06/2010