2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# 760838

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

Current Principal Place of Business:

920 HOSPITAL DR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

920 HOSPITAL DR
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 23-7249512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUDEN, WILLIAM L
826 MAGNOLIA SHORES 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
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: LOUDEN, WILLIAM
Address: 826 MAGNOLIA SHORES DRIVE
City-St-Zip: NICEVILLE, FL 32578

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

Title: D
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: WILLIAM L. LOUDEN TD 05/01/2012

Electronic Signature of Signing Officer or Director — Date