

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728089

**Entity Name:** BAY PINES-HOLIDAY ISLES CHAPTER #13, DISABLED AMERICAN VETERANS, INC.

**Current Principal Place of Business:**

4801 37TH ST N  
SAINT PETERSBURG BCH, FL 33706

**Current Mailing Address:**

P.O. BOX 663  
BAY PINES, FL 33744

**FEI Number: 59-6196561**

**Certificate of Status Desired: No**

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

VIDELL, MERRICK  
3751 51ST AVENUE N  
ST. PETERSBURG, FL 33744 US

*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: MERRICK VIDELL

04/06/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JONES, SHIRLEAN  
Address 4254 1ST AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33713

Title TD  
Name HARFST, THOMAS  
Address 370 53RD AVENUE N  
#730  
City-State-Zip: SAINT PETERSBURG FL 33703

Title PRESIDENT  
Name DELVAUX, GARY  
Address 6978 46TH AVE NORTH #A112  
City-State-Zip: SAINT PETERSBURG FL 33713

Title VP  
Name BRAND, MICHAEL  
Address 2599 52ND AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33714

Title SECRETARY  
Name VIDELL, MERRICK  
Address 3751 51ST AVENUE  
City-State-Zip: ST. PETERSBURG FL 33714

*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: MERRICK VIDELL

SECRETARY

04/06/2014

Electronic Signature of Signing Officer/Director Detail

Date