| SAINT PETER  | SBURG BCH, FL 33706   |   |   |                               |
|--|---|---|---|-------------------------------|
| Current Ma   | ling Address:   |   |   |                               |
| 4801 37TH 3  | ST N  |   |   |                               |
| SAINT PETI   | ERSBURG BCH, FL 33706 US  |   |   |                               |
| FEI Number: 59-6196561   |   |   | Certificate of Status Desired: Yes                                  |                               |
| Name and Address of Current Registered Agent:                            |   |   |   |                               |
| VIDELL, MERF<br>3751 51ST AVI<br>ST. PETERSBI                            | ENUE N  |   |   |                               |
|  |   |   |   |                               |
| The above name   | d entity submits this statement for the purpose of changing its regis   | stered office or regis                      | tered agent, or both, in the State of Flor                          | ida.                          |
|  |   | stered office or regis                      | tered agent, or both, in the State of Flor                          | <sup>ida.</sup><br>04/29/2019 |
|  | d entity submits this statement for the purpose of changing its regis   | stered office or regis                      | tered agent, or both, in the State of Flor                          |                               |
| SIGNATURI  | d entity submits this statement for the purpose of changing its regis   MERRICK VIDELL  | stered office or regis                      | tered agent, or both, in the State of Flor                          | 04/29/2019                    |
| SIGNATURI  | d entity submits this statement for the purpose of changing its regis<br>E: MERRICK VIDELL<br>Electronic Signature of Registered Agent  | stered office or regis                      | tered agent, or both, in the State of Flor                          | 04/29/2019                    |
| SIGNATURI<br>Officer/Dire  | d entity submits this statement for the purpose of changing its regis<br>E: MERRICK VIDELL<br>Electronic Signature of Registered Agent<br>ctor Detail :   |   |   | 04/29/2019                    |
| SIGNATURI<br>Officer/Dire  | d entity submits this statement for the purpose of changing its registered Agent<br>E: MERRICK VIDELL<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT   | Title                                       | VP  | 04/29/2019                    |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name                               | d entity submits this statement for the purpose of changing its registered Agent<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>KING, LAWRENCE<br>4646 32ND AVENUE N                              | Title<br>Name                               | VP<br>HARLAN, HAROLD<br>10424 HOLIDAY SHORE DRIVE                   | 04/29/2019                    |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name<br>Address                    | d entity submits this statement for the purpose of changing its regist<br>MERRICK VIDELL<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>KING, LAWRENCE<br>4646 32ND AVENUE N                      | Title<br>Name<br>Address                    | VP<br>HARLAN, HAROLD<br>10424 HOLIDAY SHORE DRIVE                   | 04/29/2019                    |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip: | d entity submits this statement for the purpose of changing its registered Agent<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>KING, LAWRENCE<br>4646 32ND AVENUE N<br>SAINT PETERSBURG FL 33713 | Title<br>Name<br>Address<br>City-State-Zip: | VP<br>HARLAN, HAROLD<br>10424 HOLIDAY SHORE DRIVE<br>LARGO FL 33773 | 04/29/2019                    |

City-State-Zip:

ST. PETERSBURG FL 33713

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

04/29/2019

Electronic Signature of Signing Officer/Director Detail

## 2019 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

City-State-Zip: ST. PETERSBURG FL 33714

**FILED** Apr 29, 2019 Secretary of State 3486209163CC

Date