

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 728089

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

**Current Principal Place of Business:**

12901 GULF BLVD  
MADEIRA BEACH, FL 33708-2636

**Current Mailing Address:**

12901 GULF BLVD  
MADEIRA BEACH, FL 33708-2636 US

**FEI Number: 59-6196561**

**Certificate of Status Desired: No**

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

MOHAN, CATHERINE  
12901 GULF BOULEVARD  
MADEIRA BEACH, FL 33708-2636 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: CATHERINE MOHAN**

**04/11/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	COMMANDER	Title	SENIOR VICE COMMANDER
Name	PEREZ, LIZA	Name	GORE, ROSALINA
Address	6621 80TH AVE N	Address	12901 GULF BLVD
City-State-Zip:	PINELLAS PARK FL 33781-2061	City-State-Zip:	MADEIRA BEACH FL 33708-2636
Title	ADJUTANT	Title	TREASURER
Name	MOHAN, CATHERINE M	Name	GORE, ROSALINA
Address	12901 GULF BLVD	Address	12901 GULF BLVD
City-State-Zip:	MADEIRA BEACH FL 33708-2636	City-State-Zip:	MADEIRA BEACH FL 33708-2636
Title	CHAPLAIN	Title	PUBLIC RELATIONS OFFICER
Name	GORE, KENNETH D	Name	COX, ANTHONY RAYMOND
Address	12901 GULF BLVD	Address	13001 114TH ST N
City-State-Zip:	MADEIRA BEACH FL 33708-2636	City-State-Zip:	LARGO FL 33778-1922

*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: LIZA PEREZ**

**COMMANDER**

**04/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date