

**2024 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:**

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:** Yes

**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

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           PEREZ, LISA S  
Address        12901 GULF BLVD  
City-State-Zip: MADEIRA BEACH FL 33708-2636

Title           SENIOR VICE COMMANDER  
Name           GORE, ROSALINA  
Address        12901 GULF BLVD  
City-State-Zip: MADEIRA BEACH FL 33708-2636

Title           ADJUTANT  
Name           MOHAN, CATHERINE M  
Address        12901 GULF BLVD  
City-State-Zip: MADEIRA BEACH FL 33708-2636

Title           TREASURER  
Name           GORE, ROSALINA  
Address        12901 GULF BLVD  
City-State-Zip: MADEIRA BEACH FL 33708-2636

Title           CHAPLAIN  
Name           GORE, KENNETH D  
Address        12901 GULF BLVD  
City-State-Zip: MADEIRA BEACH FL 33708-2636

Title           PUBLIC RELATIONS OFFICER  
Name           COX, ANTHONY RAYMOND  
Address        13001 114TH ST N  
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:** ANTHONY R. COX

MR.

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date