

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728089

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

FILED
Apr 08, 2024
Secretary of State
0129951804CC

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