

**2021 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 , FL 33714

**Current Mailing Address:**

4801 37TH ST N  
SAINT PETERSBURG , FL 33714 US

**FEI Number:** 59-6196561

**Certificate of Status Desired:** No

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

MATHIS, NAOMI  
4801 37TH STREET N  
ST. PETERSBURG, FL 33714 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: NAOMI MATHIS

03/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KING, LAWRENCE  
Address        4646 32ND AVENUE N  
City-State-Zip: SAINT PETERSBURG FL 33713

Title            VP  
Name            PEREZ, LIZA  
Address        6621 89TH AVENUE N  
City-State-Zip: PINELLAS PARK FL 33781

Title            SECRETARY  
Name            MATHIS, NAOMI  
Address        284 KATHERINE BLVD  
                  #8205  
City-State-Zip: PALM HARBOR FL 34684

Title            TREASURER  
Name            BECK, DANA  
Address        5940 16TH LANE NE  
City-State-Zip: ST. PETERSBURG FL 33703

*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: NAOMI MATHIS

SECRETARY

03/07/2021

Electronic Signature of Signing Officer/Director Detail

Date