## 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 05/14/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title COMMANDER, (PRESIDENT) Title JUNIOR VICE COMMANDER, (VICE

PRESIDENT) GORE, KENNETH D Name

Name DIXON, LAURA A Address 4828 MIRAMAR DR; #2208

Address 4936 MIRAMAR DR; #4402 City-State-Zip: MADEIRA BEACH FL 33708-3391

City-State-Zip: MADEIRA BEACH FL 33708-3413

Title ADJUTANT, (CORPORATE Title **TREASURER** SECRETARY)

Name COX, ANTHONY R Name COX, ANTHONY R 13001 114TH ST N Address

Address 13001 114TH ST N City-State-Zip: LARGO FL 33778-1922

LARGO FL 33778-1922 City-State-Zip:

Title **CHAPLAIN** 

Name GORE, ROSALINA

Address 4828 MIRAMAR DR; UNIT 2208 City-State-Zip: MADEIRA BEACH FL 33708-3391

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.

05/14/2024 SIGNATURE: ANTHONY R. COX ADJUTANT OFFICER

Date

**FILED** 

May 14, 2024

**Secretary of State** 5909583189CC