

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728089

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

FILED
Apr 14, 2013
Secretary of State
CC2057248421

Current Principal Place of Business:

4801 37TH ST N
SAINT PETERSBURG BCH, FL 33706

Current Mailing Address:

P.O. BOX 663
BAY PINES, FL 33744

FEI Number: 59-6196561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, HERBERT
545 LILIAN DRIVE
MADERIA BEACH, FL 33708 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEWIS, HERBERT
Address 545 LILIAN DRIVE
City-State-Zip: MADERIA BEACH FL 33708

Title TD
Name MARTIN, JERRY
Address 9972 51ST AVENUE N.
City-State-Zip: SAINT PETERSBURG FL 33708

Title VD
Name DELVAUX, GARY
Address 6978 46TH AVE NORTH #A112
City-State-Zip: SAINT PETERSBURG FL 33713

Title VP
Name VANVALKENBURG, RON SR.
Address 7400 46TH AVENUE N
City-State-Zip: ST. PETERSBURG FL 33709

Title SECRETARY
Name VIDELL, MERRICK
Address 3751 51ST AVENUE
City-State-Zip: ST. PETERSBURG FL 33714

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: HERBERT LEWIS

PRESIDENT

04/14/2013

Electronic Signature of Signing Officer/Director Detail

Date