

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760838

Entity Name: BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,
INCORPORATED**FILED**
Feb 10, 2015
Secretary of State
CC6707565202**Current Principal Place of Business:**920 HOSPITAL DR
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 654
NICEVILLE, FL 32578 US**FEI Number: 23-7249512****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CRUTCHFIELD, WILLIAM M
4459 PARKWOOD SQ
NICEVILLE, FL 32578 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:** WILLIAM M CRUTCHFIELD**02/10/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COMMANDER	Title	SR VICE COMMANDER
Name	MAGNUSON, CATHY L	Name	COLE, RAYMOND A
Address	87 5TH AVENUE	Address	106 DARTMOUTH WAY
City-State-Zip:	SHALIMAR FL 32579	City-State-Zip:	NICEVILLE FL 32578
Title	ADJUTANT	Title	JR VICE COMMANDER
Name	CRUTCHFIELD, HEATHER R	Name	BENTON, BOB
Address	4459 PARKWOOD SQ	Address	1604 23RD ST
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578
Title	TREASURER		
Name	CRUTCHFIELD, WILLIAM M		
Address	4459 PARKWOOD SQ		
City-State-Zip:	NICEVILLE FL 32578		

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: WILLIAM M CRUTCHFIELD**TREASURER****02/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date