

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760838

Entity Name: BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,
INCORPORATED**FILED**
Mar 08, 2013
Secretary of State
CC3940713050**Current Principal Place of Business:**920 HOSPITAL DR
NICEVILLE, FL 32578**Current Mailing Address:**920 HOSPITAL DR
NICEVILLE, FL 32578**FEI Number: 23-7249512****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOUDEN, WILLIAM L
826 MAGNOLIA SHORES DRIVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------|
| Title | PD |
| Name | MADDOX, WALTER G |
| Address | 803 LINDEN AVE |
| City-State-Zip: | NICEVILLE FL 32578 |

| | |
|-----------------|--------------------|
| Title | VD |
| Name | BENTON, ROBERT |
| Address | 164 23RD ST |
| City-State-Zip: | NICEVILLE FL 32578 |

| | |
|-----------------|---------------------------|
| Title | TD |
| Name | LOUDEN, WILLIAM |
| Address | 826 MAGNOLIA SHORES DRIVE |
| City-State-Zip: | NICEVILLE FL 32578 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | PIERCE, DAVID S |
| Address | 1585 MEADOWBROOK CT |
| City-State-Zip: | NICEVILLE FL 32578 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | ANDERSON, HOWARD |
| Address | 58 HIDDEN COVE |
| City-State-Zip: | VALPARAISO FL 32580 |

| | |
|-----------------|---------------------------|
| Title | SD |
| Name | LOUDEN, WILLIAM |
| Address | 826 MAGNOLIA SHORES DRIVE |
| 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 LYLE LOUDEN**TREASURER****03/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date