

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760838

**Entity Name:** BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,  
INCORPORATED**FILED**  
**Mar 24, 2020**  
**Secretary of State**  
**9730440932CC****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:**COLE, RAYMOND A  
106 DARTMOUTH WAY  
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:** RAYMOND A COLE**03/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title            COMMANDER  
Name            COLE, RAYMOND A  
Address        106 DARTMOUTH WAY  
City-State-Zip: NICEVILLE FL 32578Title            SR VICE COMMANDER  
Name            LOUDEN, WILLIAM L  
Address        826 MAGNOLIA SHORES DR.  
City-State-Zip: NICEVILLE FL 32578Title            ADJUTANT  
Name            SAUNDERS, ALEC R  
Address        1110 HAWTHORN HOUSE DR  
                  APT. 304  
City-State-Zip: SHALIMAR FL 32579Title            TREASURER  
Name            MEREDITH, BEN H  
Address        136 MENZEL STREET  
City-State-Zip: VALPARAISO FL 32580

*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:** BENNIE MEREDITH**TREASURER****03/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date