

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760838

**Entity Name:** BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,  
INCORPORATED**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**0579249478CC****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:**LOUDEN, WILLIAM  
826 MAGNOLIA SHORES DR  
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 LOUDEN**02/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	COMMANDER
Name	LOUDEN, WILLIAM
Address	826 MAGNOLIA SHORES DR
City-State-Zip:	NICEVILLE FL 32578

Title	SR VICE COMMANDER
Name	FRENN, JOSEPH
Address	42 8TH ST
City-State-Zip:	SHALIMAR FL 32579

Title	ADJUTANT
Name	SAUNDERS, ALEC R
Address	1110 HAWTHORN HOUSE DR APT. 304
City-State-Zip:	SHALIMAR FL 32579

Title	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:** BEN H MEREDITH**TREASURER****02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date