

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760838

Entity Name: BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,
INCORPORATED**FILED**
Feb 12, 2019
Secretary of State
0623548698CC**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**02/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** COMMANDER
Name COLE, RAYMOND A
Address 106 DARTMOUTH WAY
City-State-Zip: NICEVILLE FL 32578**Title** SR VICE COMMANDER
Name LOUDEN, WILLIAM L
Address 826 MAGNOLIA SHORES DR.
City-State-Zip: NICEVILLE FL 32578**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****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date