Current Princ 920 HOSPITAL D NICEVILLE, FL 3					
Current Mailin	ng Address:				
P.O. BOX 654 NICEVILLE, F	E 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	05/31/2018			
	Electronic Signature of Registered Agent	Date			
0///	an Datall -				

Officer/Director Detail :

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

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: ALEC R SAUNDERS

ADJUTANT

05/31/2018

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 760838

Entity Name: BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED

Date