

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760838

Entity Name: BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS,
INCORPORATED**FILED**
Apr 10, 2014
Secretary of State
CC6864938752**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: Yes****Name and Address of Current Registered Agent:**MAGNUSON, CATHY L
87 5TH AVENUE
SHALIMAR, FL 32579 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:** CATHY L MAGNUSON

04/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MAGNUSON, CATHY L
Address	87 5TH AVENUE
City-State-Zip:	SHALIMAR FL 32579

Title	VD
Name	COLE, RAYMOND A
Address	106 DARTMOUTH WAY
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	BENTON, BOB
Address	1604 23RD ST
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: CATHY L MAGNUSON

PD

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date