2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90036 043 ****61.25

DOCUMENT # 760838

1. Entity Name
BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED

50008016

Principal Place of Business	Mailing Address
920 HOSPITAL DR P.O. BOX 654 NICEVILLE, FL 32588	920 HOSPITAL DR P.O. BOX 654 NICEVILLE, FL 32588

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7249512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, VICTOR
94 AURORA ST
PO BOX 341
VALPARAISO, FL 32580

7. Name and Address of New Registered Agent

Name ROBERT REINHARDT
Street Address (P.O. Box Number is Not Acceptable) 111 FRIAR TUCK DRIVE
City NICEVILLE FL Zip Code 32578

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT REINHARDT JAN 26, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MADDOX, WALTER G 803 LINDEN AVE NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENTON, ROBERT 164 23RD ST NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REINHARDT, ROBERT 111 FRIAR TUCK DR NICEVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD/TD REINHARDT, ROBERT 111 FRIAR TUCK DR. NICEVILLE, FL 32578	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, ROBERT D. 112 FOURTH STREET NICEVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WESTMORELAND, VICTOR P.O. BOX 341, NA VALPARAISO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, HOWARD 58 HIDDEN COVE VALPARAISO, FL 32580	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT REINHARDT JAN 26, 2005 850-678-5986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #