

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 760838 1. Entity Name BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED	
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Principal Place of Business 920 HOSPITAL DR P.O. BOX 654 NICEVILLE, FL 32588	Mailing Address 920 HOSPITAL DR P.O. BOX 654 NICEVILLE, FL 32588
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01082006 No Chg-NP CR2E037 (11/05)

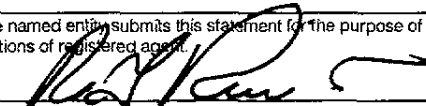
DO NOT WRITE IN THIS SPACE

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 REINHARDT, ROBERT 111 FRIAR TUCK DRIVE NICEVILLE, FL 32578
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**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

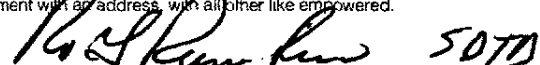
**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADDOX, WALTER G 803 LINDEN AVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENTON, ROBERT 164 23RD ST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDTD REINHARDT, ROBERT 111 FRIAR TUCK DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREWER, ROBERT D. 112 FOURTH STREET NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, HOWARD 58 HIDDEN COVE VALPARAISO, FL 32580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **SDTD** **1/28/06** **850-678-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #