

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 026 ****61.25

DOCUMENT # 760838	
1. Entity Name BAY AREA CHAPTER 112, DISABLED AMERICAN VETERANS, INCORPORATED	

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40013801



01052008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	SDTD REINHARDT, ROBERT 111 FRIAR TUCK DR NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition REINHARDT, ROBERT 111 FRIAR TUCK DR. NICEVILLE, FL. 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, DAVID S 1585 MEADOWBROOK CT NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, HOWARD 58 HIDDEN COVE VALPARAISO, FL 32580 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition SD MC GINNITY, ANTHONY 403 SILVER CREEK COVE NICEVILLE, FL. 32578

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: *Robert Reinhardt* **1/25/08** **850-678-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #