2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 760838

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

Current Principal Place of Business:

920 HOSPITAL DR
P.O. BOX 654
NICEVILLE, FL 32588

New Principal Place of Business:

920 HOSPITAL DR
NICEVILLE, FL 32578

Current Mailing Address:

920 HOSPITAL DR
P.O. BOX 654
NICEVILLE, FL 32588

New Mailing Address:

111 FRIAR TUCK DR
NICEVILLE, FL 32578

FEI Number: 23-7249512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHARDT, ROBERT
111 FRIAR TUCK DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MADDOX, WALTER G	
Address:	803 LINDEN AVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	VD	( ) Delete
Name:	BENTON, ROBERT	
Address:	164 23RD ST	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	TD	( ) Delete
Name:	REINHARDT, ROBERT	
Address:	111 FRIAR TUCK DR.	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	PIERCE, DAVID S	
Address:	1585 MEADOWBROOK CT	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	ANDERSON, HOWARD	
Address:	58 HIDDEN COVE	
City-St-Zip:	VALPARAISO, FL 32580	
Title:	SD	( ) Delete
Name:	MCGINNITY, ANTHONY	
Address:	403 SILVER CREEK COVE	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT REINHARDT TD 01/21/2009
Electronic Signature of Signing Officer or Director — Date