

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35985** (3)
1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY BAY PINES HOLIDAY ISLES #13, INC.



Principal Place of Business

**140 COREY AVENUE
ST. PETERSBURG BEACH FL 33706**

Mailing Address

**140 COREY AVENUE
ST. PETERSBURG BEACH FL 33706**

3. Date Incorporated or Qualified
01/08/1990

3a. Date of Last Report
02/22/1995

4. FEI Number
23-7331174

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, DOROTHY (DOTTY)
10751 CLARA LANE
ST. PETERSBURG FL 33708**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

April 20, 1996

SIGNATURE **Dorothy (Dotty) Miller**

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when transferring)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **PIERCE, SALLY**
STREET ADDRESS **5831 BAY LAKE DR N**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☒ DELETE

NAME **FESMIRE, EMELINE**
STREET ADDRESS **10810 62ND AVE N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **VD** ☒ DELETE

NAME **ALICH, BETTY**
STREET ADDRESS **2628 28TH STREET N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **PD** ☒ DELETE

NAME **REESE, VIVIAN**
STREET ADDRESS **8788 118TH WAY N.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **SD** ☐ DELETE

NAME **MILLER, DOTTY**
STREET ADDRESS **10761 CLARA LANE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

PD

**Mary Ellen Hopp
11532 88 th Terrace N.
Seminole, Florida 34642**

VD

**Myra Ferguson
10728 59th Avenue N.
Seminole, Florida 34642**

TD

**Vivian Reese
8788 118th Way N.
Seminole, Florida 34642**

SD

**Dorothy (Dotty) Miller
10761 Clara Lane
St. Petersburg, Florida 33708**

VD

**Mary Bauchman
3931 90th Terrace N.
Pinellas Park, Florida 34666**

SIGNATURE:

Dorothy (Dotty) Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96
Date

813-391-6315
Telephone Number