## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996

DOCUMENT 1. Corporation Name	#	N35985

(3)

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

Mailing Address Principal Place of Business 140 COREY AVENUE 140 COREY AVENUE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706



ST PETERSBURG BEACH PL 33700		•		
ST. PETERSBURG BEACH FL 39706			3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 02/22/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 23-7331174	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State  23 Country	<b>28</b> Zip Co	puntry	B. This corporation has liability for it	ntangible tax under s. 199.032, ☐ Yes ☐ No
210	29 30	T	Florida Statutes L  10. Name and Address of New R	
9. Name and Address of Curren	i negistered Agoni	81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
MILLER, DOROTHY (DOTTY) 10751 CLARA LANE ST. PETERSBURG FL 33708		83		
		84 City		FL 85 Zip Code
44. Pursuant to the provisions of Sections 617.050	2 and 617,1508, Florida Statutes, the	above-named corpo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am

<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation.</li> </ol>	ed corporation submits this statement on's board of directors. I hereby acce	for the purposept the appoint	e of changing its registered office ment as registered agent. I am
or registered agent, or both, in the State of Florida. Such change that of familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	April	20, 19	96

or registere familiar with	n, and accept the obligations of, Section 617.0503, Florida Statutes.		April 20, 1996
	Dorothy ( Dotty ) Miller Signature, lytest or present name of registered agent and late of approach in the control of approach in	logistered Agent signal ire req	ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
	OFFICERS AND DIRECTORS	13.	PD
12.	CZIDELETE	11 TITLE	PD Plan Honn
TITLE	VD SCIENCE	1.2 NAME	Mary Ellen Hopp
NAME	PIERCE, SALLY	1.3 STREET ADDRESS	11532 88 th Terrace N.
STREET ADDRESS	5831 BAY LAKE DR N	14 CHTY - ST - ZIP	Mary Ellen Hopp 11532 88 th Terrace N. Seminole, Florida 34642
CITY - ST - ZIP	ST. PETERSBURG FL	2 1 TITLE	VD Addition ∨D
TITLE	TD EXPELETE	<b>.</b>	Myra Ferguson
NAME	FESMIRE, EMELINE	22 NAME	10728 59th Avenue N.
	10810 62ND AVE N	2 3 STREET ADDRESS	Seminole, Florida 34642
STREET ADDRESS	SEMINOLE FL	2 4 CITY - ST - ZIP	
CITY-ST-ZIP	VD SCHOOL 12	3 1 THTLE	TD
TITLE	40	3 2 NAME	Vivian Reese
NAME	ALICH, BETTY 2628 28TH STREET N.	3.3 STREET ADDRESS	8788 118th Way N.
STREET ADDRESS	2628 2811 STREET IV.	3 4. CITY - \$1 - ZIP	Seminol >, Florida 34642
CITY-ST-ZIP	ST. PETERSBURG FL	4.1 TITLE	GD GD
TITLE	ן אַט	4.2 NAME	Dorothy (Dotty ) Miller
NAME	REESE, VIVIAN	4.3 STREET ADDRESS	1
STREET ADDRESS	8788 118TH WAY N.	•	
1	SEMINOLE FL	4 4 CITY - ST - ZIP	St Petersburg, Floring Change Addition
CITY-ST-ZIP	SD	51 TITLE	VD Mary Bauchman
TITLE	MILLER, DOTTY	52 NAME	3931 90th Terrace N.
NAME	10761 CLARA LANE	5 3 STREET ADDRESS	Pinellas Park, Florida 34666
STREET ADDRESS	AT DETERORIDG EI	5 4 CITY - ST - ZIP	Change Addition
CITY-ST-ZIP	ST. PETERSBURG FL	61 TITLE	- Change Care
TITLE		6.2 NAME	
NAME		63 STREET ADDRESS	
		03 STREET NODITIES	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changed, or on an attachment with an address. STREET ADDRESS

Outty) M SULL OFFICER OR DIRECTOR

4-20-96 813-391-6313

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