

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90174 017 ****70.00

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DOCUMENT # N35985

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY BAY PINES H
OLIDAY 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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/08/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BACHMAN, MARY	
STREET ADDRESS	3931 90TH TERRACE N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, MYRA	
STREET ADDRESS	10728 59TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REESE, VIVIAN	
STREET ADDRESS	8788 118TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, DOROTHY (DOTTY)	
STREET ADDRESS	10761 CLARA LANE	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHROETER, GRACE	
STREET ADDRESS	355 S TESSIER DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRACE SCHROETER
2.3 STREET ADDRESS	355 S. TESSIER DRIVE
2.4 CITY-ST-ZIP	ST PETERSBURG BEACH, FLORIDA 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GENEVIEVE HALSTEAD
5.3 STREET ADDRESS	3113 70th LANE N.
5.4 CITY-ST-ZIP	ST PETERSBURG, FLORIDA 33710
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

4-16-99

Daytime Phone #

720-391-6395

CR2E037 (11/98)