## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # N35985 1. Entity Name 04-05-2004 90411 013 \*\*\*\*70.00 DISABLED AMERICAN VETERANS AUXILIARY BAY PINES HOLIDAY ISLES #13, INC. Principal Place of Business Mailing Address 140 COREY AVENUE 140 COREY AVENUE 941144788 ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FE! Number Applied For 23-7331174 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DOROTHY (DOTTY) Street Address (P.O. Box Number is Not Acceptable) 10751 CLARA LANE ST. PETERSBURG FL 33708 City Zip Code 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 litle if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PDC X Delete TITLE CMDR Y Change Addition LINDA FARLEY FRANKO, ELEANOR 5756 ORANGE ROAD 7841 1ST AVENUE S STREET ADDRESS STREET ADDRESS SEMINOLE, FLORIDA 33772 SAINT PETERSBURG FL 33707 CITY-ST-7IP CITY-ST-ZIP PDC TITLE Delete TITLE SR Change ☐ Addition MARGE ROBINSON FARLEY, LINDA NAME NAME 12033 PARK BLVD 5756 ORANGE ROAD STREET ADDRESS STREET ADDRESS SEMINOLE FLORIDA 33772 SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-ZII TD Change TITLE $\mathbf{J}\mathbf{R}$ TITLE Delete Addition **EMELINE FESMIRE** REESE, VIVIAN NAME NAME 10810 62nd AVENUE N 8788 118TH WAY NORTH STREET ADDRESS STREET ADDRESS SEMINOLE, FLORIDA 33772 SEMINOLE FL 33772 COY-ST-7IF CITY-ST-ZIF SDA TITLE ☐ Delete TITLE ADJ Addition DOROTHY (DOTTY ) MILLER MILLER, DOROTHY D NAME NAME 10761 CLARA LANE 10761 CLARA LANE STREET ADDRESS STREET ADDRESS ST PETERSBURG ST PETERSBURG FL 33708 FLORIDA 33708 C/TY-ST-7IF CITY-ST-ZIP **VDVC** VIVIAN REESE THILE TREAS. TITLE Delete Change ☐ Addition ROBINSON, MARGE NAME 8788 118th WAY N. 12033 PARK BLVD STREET ADDRESS STREET ADDRESS SEMINOLE, FLORIDA 33772 SEMINOLE FL 33772 CITY, ST-28 CITY-ST-ZIP ☐ Defete TITLE CHAP TITLE ☐ Change ☐ Addition LORRAINE BREWER BREWER, LORRAINE NAME NAME 11175 58th AVENUE N. 11175 58TH AVENUE N STREET ADDRESS STREET ADDRESS SEMINOLE FL 33772 SEMINOLE, FLORIDA 33772 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legat 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

GNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AN

Dottes

TYPED OR PRINTED NAME OF