

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 015 ****70.00

DOCUMENT # N35985

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7331174

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

Dorothy (Dotty) Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CMDR** ☐ Delete
NAME **FARLEY, LINDA**
STREET ADDRESS **5756 ORANGE RD**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SRV** ☐ Delete
NAME **ROBINSON, MARGE**
STREET ADDRESS **12033 PARK BLVD**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **JRV** ☐ Delete
NAME **FESMIRE, EMELINE**
STREET ADDRESS **10810 62ND AVE N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SDA** ☐ Delete
NAME **MILLER, DOROTHY D**
STREET ADDRESS **10761 CLARA LANE**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE **REESE, VIVIAN** ☐ Delete
NAME **8788 118TH WAY N**
STREET ADDRESS **SEMINOLE FL 33772**
CITY-ST-ZIP

TITLE **VDC** ☐ Delete
NAME **BREWER, LORRAINE**
STREET ADDRESS **11175 58TH AVENUE N**
CITY-ST-ZIP **SEMINOLE FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOROTHY (DOTTY) MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-391-6375

Date **2-18-05** Daytime Phone #