

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35985

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

4801 37TH STREET N.
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

10761 CLARA LANE
SAINT PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 23-7331174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, DOROTHY (DOTTY)
10761 CLARA LANE
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDA () Delete
Name: MILLER, DOROTHY D
Address: 10761 CLARA LANE
City-St-Zip: ST PETERSBURG, FL 33708

Title: T () Delete
Name: REESE, VIVIAN
Address: 8788 118TH WAY N
City-St-Zip: SEMINOLE, FL 33772

Title: CHAP () Delete
Name: PETRU, LOIS
Address: 9218 MISSION OAKS BLVD
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: REESE, VIVIAN
Address: 905 IMPERIAL PALM DRIVE
City-St-Zip: LARGO, FL 33771

Title: CHAP (X) Change () Addition
Name: ROBINSON, MARGARET
Address: 12033 PARK BOULEVARD
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY MILLER (DOTTY)

SDA

04/21/2009

Electronic Signature of Signing Officer or Director

Date