

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000002156 (8)

1. Corporation Name

PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
13030 PARK BLVD 13030 PARK BLVD
STE C STE C
SEMINOLE FL 34646 SEMINOLE FL 34646
US US

3. Date Incorporated or Qualified 3a. Date of Last Report
05/07/1993 05/01/1994

4. FEI Number Applied For
59-3188152 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 6123 PARK BLVD.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 PINELLAS PARK, FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 Zip Country 25 34665 29 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIGNATELLO, DAVID J
6123 PARK BLVD
PINELLAS PK FL 34665**

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRUBBE, JAMES M
STREET ADDRESS	6123 PARK BLVD
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	D
NAME	FREED, FREDERICK S
STREET ADDRESS	4111 16TH ST NO
CITY - ST - ZIP	ST. PETERSBURG FL 33703
TITLE	P
NAME	DRIZIN, SCOTT L
STREET ADDRESS	1940 W BAY DR STE 4
CITY - ST - ZIP	LARGO FL
TITLE	T
NAME	PIGNATELLO, DAVID J
STREET ADDRESS	6123 PARK BLVD
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	V
NAME	ELLIS, MICHAEL G
STREET ADDRESS	4841 PARK STREET NO
CITY - ST - ZIP	ST. PETERSBURG FL 33709
TITLE	S
NAME	BENNETT, REGINA
STREET ADDRESS	1201 S HIGHLAND AVE STE 8
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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 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.

SIGNATURE: David J. Pignatello DAVID J. PIGNATELLO 7/27/95 813/SAI-3599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #

CR2E037 (3/95)