

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002156 (8)**

1. Corporation Name

PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.



Principal Place of Business

Mailing Address

13030 PARK BLVD
STE C
SEMINOLE FL 34646
US

6123 PARK BLVD
~~STE C~~
PINELLA SPARK FL 34665
US

3. Date Incorporated or Qualified **05/07/1993** 3a. Date of Last Report **08/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 7515**

26 **6123 PARK BLVD.**

4. FEI Number **59-3188152** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

SEMINOLE, FL

PINELLAS PARK, FL

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

24 Zip **34645** 25 Country **USA**

29 Zip **34665** 30 Country **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 **DAVID J. PIGNATELLO** *David J. Pignatello* **MISTAKENLY SIGNED 4/12/96** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRUBBE, JAMES M	
STREET ADDRESS	6123 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREED, FREDERICK S	
STREET ADDRESS	4111 16TH ST NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DRIZIN, SCOTT L	
STREET ADDRESS	1940 W BAY DR STE 4	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIGNATELLO, DAVID J	
STREET ADDRESS	6123 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELLIS, MICHAEL G	
STREET ADDRESS	4641 PARK STREET NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, REGINA	
STREET ADDRESS	1201 S HIGHLAND AVE STE 8	
CITY-ST-ZIP	CLEARWATER FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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* **President** **4/12/96** **813/541-3599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)