

FILE NOW: FILING FEE IS \$61.25

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**Mar 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002156 (8)
1. Corporation Name

PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.



Principal Place of Business PO BOX 7515 SEMINOLE FL 34645 US	Mailing Address 6123 PARK BLVD PINELLAS PARK FL 33781-3234 US
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3. Date Incorporated or Qualified 05/07/1993	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 59-3188152	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIGNATELLO, DAVID J 6123 PARK BLVD PINELLAS PK FL 34665	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE STRUBBE, JAMES M	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6123 PARK BLVD	1.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE FREED, FREDERICK S	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4111 16TH ST NO	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33703	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE DRIZIN, SCOTT L	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1940 W BAY DR STE 4	3.2 NAME	
STREET ADDRESS	LARGO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE PIGNATELLO, DAVID J	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6123 PARK BLVD	4.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE ELLIS, MICHAEL G	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY
NAME	4841 PARK STREET NO	5.2 NAME PELUSO, KEN	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS 35008 U.S. 19 N.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP PALM HARBOR, FL 34684	
TITLE V	<input checked="" type="checkbox"/> DELETE BENNETT, REGINA	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRESIDENT
NAME	1201 S HIGHLAND AVE STE 8	6.2 NAME JONES, ROBERICK	
STREET ADDRESS	CLEARWATER FL	6.3 STREET ADDRESS 5500 NINTH ST. N.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703	

14. I do 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 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 3/11/97 813/541-3599

CR2E037 (9/96)