


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 34665 US
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3. Date Incorporated or Qualified <b>05/07/1993</b>	Applied For Not Applicable
4. FEI Number <b>59-3188152</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRUBBE, JAMES M</b>	
STREET ADDRESS	<b>6123 PARK BLVD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FREED, FREDERICK S</b>	
STREET ADDRESS	<b>4111 16TH ST NO</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRIZIN, SCOTT L</b>	
STREET ADDRESS	<b>1940 W BAY DR STE 4</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PIGNATELLO, DAVID J</b>	
STREET ADDRESS	<b>6123 PARK BLVD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PELUSO, KEN</b>	
STREET ADDRESS	<b>35008 U.S. 19 N.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, RODERICK</b>	
STREET ADDRESS	<b>5500 NINTH STREET N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PIGNATELLO, DAVID J</b>	
1.3 STREET ADDRESS	<b>6123 PARK BLVD.</b>	
1.4 CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BENNETT, REGINA</b>	
4.3 STREET ADDRESS	<b>1201 S. HIGHLAND AVE #8</b>	
4.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33771</b>	
5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 Pignatello* 1/14/98 813/541-3599

CR2E037 (10/97)