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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002156

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3188152
City & State 23	City & State 28	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 24 33775 25	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Zip 29 33775 30	Country
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **33781**

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

TITLE	D <input type="checkbox"/> DELETE
NAME	PIGNATELLO, DAVID J.
STREET ADDRESS	6123 PARK BLVD
CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	D <input type="checkbox"/> DELETE
NAME	FREED, FREDERICK S
STREET ADDRESS	4111 16TH ST NO
CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	D <input type="checkbox"/> DELETE
NAME	DRIZIN, SCOTT L
STREET ADDRESS	1940 W BAY DR STE 4
CITY-ST-ZIP	LARGO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BENNETT, REGINA
STREET ADDRESS	1201 S. HIGHLAND AVE #8
CITY-ST-ZIP	CLEARWATER FL 33771
TITLE	VP <input type="checkbox"/> DELETE
NAME	PELUSO, KEN
STREET ADDRESS	35008 U.S. 19 N.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	P <input type="checkbox"/> DELETE
NAME	JONES, RODERICK
STREET ADDRESS	5500 NINTH STREET N.
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T - TREASURER <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D - DIRECTOR <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, with all other like empowered.

SIGNATURE: David J. Pignatello **REQUIRED** 1/25/99 727/541-3599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)