

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002156

FILED
Apr 27, 2012
Secretary of State

Entity Name: PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business:

10225 ULMERTON RD., STE 3A
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7515
SEMINOLE, FL 337757515 US

New Mailing Address:

FEI Number: 59-3188152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMEY, JENNIFER
10225 ULMERTON RD., STE 3A
LARGO, FL 33771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: STANGANELLI, ANTHONY
Address: 3360 EAST BAY DR
City-St-Zip: LARGO, FL 33771

Title: S
Name: SMURTHWAITE, MARCY
Address: 12855 S BELCHER RD., #1
City-St-Zip: LARGO, FL 33773

Title: D
Name: LIPKIN, MARK
Address: 3211 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

Title: T
Name: HUGHES, TOM
Address: 510 PASADENA AVE S.
City-St-Zip: ST PETERSBURG, FL 33707

Title: D
Name: COMEY, AL
Address: 10225 ULMERTON RD., STE 3A
City-St-Zip: LARGO, FL 33771 US

Title: D
Name: ROBERTS, MICHAEL
Address: 2001 WEST BAY DR
City-St-Zip: LARGO, FL 33770

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM HUGHES

T

04/27/2012

Electronic Signature of Signing Officer or Director

Date