

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002156

**FILED**  
**Feb 21, 2023**  
**Secretary of State**  
**8442383234CC**

**Entity Name:** PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 7515  
SEMINOLE, FL 33775-7515 US

**FEI Number:** 59-3188152

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

Title TREASURER  
Name HUGHES, TOM  
Address 214 PASADENA AVE S.  
City-State-Zip: ST PETERSBURG FL 33707

Title SECRETARY  
Name GANTZER, JEN  
Address 3348 TYRONE BLVD.  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name BROWN, WOODY  
Address 520 1ST AVE SW  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name ROBERTS, MICHAEL  
Address 2001 WEST BAY DR.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name VANDERVEEN, JORDON  
Address 6231 66TH STREET N  
City-State-Zip: ST. PETERSBURG FL 33710

Title PRESIDENT  
Name OZAKYOL, ADDISON  
Address 28051 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33761

*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**

**TREASURER**

**02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date