2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002156

Entity Name: PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

FILED Apr 15, 2024 Secretary of State 7058755383CC

Date

Current Principal Place of Business:

2590 13TH AVE N

ST. PETERSBURG, FL 33713

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:

GRAMBERG, CYNTHIA 2590 13TH AVE N ST. PETERSBURG, FL 33713 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: CYNTHIA GRAMBERG 04/15/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 TREASURER

 Name
 LIPKIN, MARK
 Name
 HUGHES, TOM

Address 3211 TAMPA RD Address 214 PASADENA AVE S.

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: ST PETERSBURG FL 33707

Title SECRETARY Title DIRECTOR

NameGANTZER, JENNameBROWN, WOODYAddress3348 TYRONE BLVD.Address520 1ST AVE SWCity-State-Zip:ST. PETERSBURG FL 33710City-State-Zip:LARGO FL 33770

Title DIRECTOR Title DIRECTOR

NameROBERTS, MICHAELNameLANGHEIER, CRISAddress2001 WEST BAY DR.AddressP.O BOX 1287

City-State-Zip: LARGO FL 33770 City-State-Zip: TARPON SPRINGS FL 34688

Title PRESIDENT Title DIRECTOR

NameOZAKYOL, ADDISONNameSTAGANELLI, ANTHONYAddress28051 US HWY 19 NAddress1000 S BELCHER RD, #A5

City-State-Zip: CLEARWATER FL 33761 City-State-Zip: LARGO FL 33771

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 04/15/2024