

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002156

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 PAST PRESIDENT
Name MITCHELL, JUSTIN
Address 6231 66TH ST. N
City-State-Zip: PINELLAS PARK FL 33781

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

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

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

Title DIRECTOR
Name WYCKOFF, STEVE
Address 3348 TYRONE BLVD.
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR
Name LANGHEIER, CRIS
Address PO BOX 1287
City-State-Zip: TARPON SPRINGS FL 34688

Title SECRETARY
Name BROWN, WOODY
Address 520 1ST AVE SW
City-State-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

TREASURER

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date