FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724405** **(6)**

1. Corporation Name

PINELLAS PARK CHAPTER #91 DISABLED AMERICAN VETE RANS HOLDING CORP., INC.

Principal Place of Business	Mailing Address
10100 46TH STREET NORTH P.O. BOX 801 PINELLAS PARK FL 34664-7801	10100 46TH STREET NORTH P.O. BOX 801 PINELLAS PARK FL 34664-7801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1972**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-6206437** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIDWELL, FORREST G.
9125 78TH PLACE NORTH
SEMINOLE FL 34647

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WEST, ELMER	12 NAME	
STREET ADDRESS	6526 CREEKVIEW TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MELCHER, ROBERT A. (SR.)	22 NAME	
STREET ADDRESS	8280 61ST ST. NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, AUGUSTAS J	32 NAME	
STREET ADDRESS	1597 OAK VILLAGE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	KIDWELL, FORREST	42 NAME	
STREET ADDRESS	9125 78TH PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MANSFIELD, WILLIAM	52 NAME	
STREET ADDRESS	1519-45TH ST., N.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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Dues
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Forrest G Kidwell - FORREST G KIDWELL - 4-16-95 813-391-6202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087448