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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724405** (6)

1. Corporation Name

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



Principal Place of Business 10100 46TH STREET NORTH P.O. BOX 801 PINELLAS PARK FL 33780 US	Mailing Address 10100 46TH STREET NORTH P.O. BOX 801 PINELLAS PARK FL 34664-0801 US
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3. Date Incorporated or Qualified 09/22/1972
4. FEI Number 59-6206437
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIDWELL, FORREST G. 9125 78TH PLACE NORTH SEMINOLE FL 33777	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* 4-20-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WEST, ELMER
STREET ADDRESS	6526 CREEKVIEW TERR.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	V MELCHER, ROBERT A. (SR.)
STREET ADDRESS	6280 61ST ST. NORTH
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D O'BRIEN, AUGUSTAS J
STREET ADDRESS	1597 OAK VILLAGE DRIVE
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	T KIDWELL, FORREST
STREET ADDRESS	9125 78TH PLACE
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MANSFIELD, WILLIAM
STREET ADDRESS	1519-45TH ST., N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, upon an attachment with an address.

SIGNATURE: *[Signature]* 5-4-98 913-351-6202

CR2E037 (10/97)