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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724405

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/22/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6206437
City & State	City & State	5. Certificate of Status Desired
23	28	\$8.75 Additional Fee Required
Zip	Country	29
24	25	30
Country	Country	6. Election Campaign Financing
25	29	Trust Fund Contribution
26	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KIDWELL, FORREST G.
9125 78TH PLACE NORTH
SEMINOLE FL 33777

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	WEST, ELMER	1.2 NAME	Willie Climes
STREET ADDRESS	6526 CREEKVIEW TERR.	1.3 STREET ADDRESS	421 39th Street South
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	V	2.1 TITLE	V
NAME	MELCHER, ROBERT A. (SR.)	2.2 NAME	Edgar Thompson
STREET ADDRESS	8280 61ST ST. NORTH	2.3 STREET ADDRESS	9061 65th Street
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	Pinellas Park, FL 33788
TITLE	D	3.1 TITLE	V
NAME	O'BRIEN, AUGUSTAS J	3.2 NAME	George Schauerle
STREET ADDRESS	1597 OAK VILLAGE DRIVE	3.3 STREET ADDRESS	8891 86th Avenue North
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Seminole, FL 33777
TITLE	T	4.1 TITLE	S
NAME	KIDWELL, FORREST	4.2 NAME	Elmer West
STREET ADDRESS	9125 78TH PLACE	4.3 STREET ADDRESS	6526 Creekview Terrace
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	D	5.1 TITLE	
NAME	MANSFIELD, WILLIAM	5.2 NAME	
STREET ADDRESS	1519-45TH ST., N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Forrest G. Kidwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99 337391-6702
Date Daytime Phone #

CR2E037 (11/98)