

DOCUMENT # 724405

1. Entity Name

PINELLAS PARK CHAPTER #91 DISABLED AMERICAN VETE

Principal Place of Business

10100 46TH STREET NORTH  
PINELLAS PARK FL 33782

Mailing Address

P.O. BOX 801  
PINELLAS PARK FL 33780  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6206437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, ELMER L  
6526 CREEKVIEW TERRACE  
PINELLAS PARK FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Elmer L. West*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CLIMES, WILLIE  
STREET ADDRESS 421 39TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

☐ Delete

TITLE D  
NAME DAWSON, CHARLES  
STREET ADDRESS 7503 119TH AVENUE NORTH  
CITY-ST-ZIP CLEARWATER FL 33773

☐ Delete

TITLE VD  
NAME SCHAUERTE, GEORGE  
STREET ADDRESS 8291 86TH AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33777

☒ Delete

TITLE SD  
NAME WEST, ELMER  
STREET ADDRESS 6526 CREEKVIEW TERRACE  
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T  
NAME SAMUEL G. FARINA  
STREET ADDRESS 14300 46TH ST. N. LOT #307  
CITY-ST-ZIP CLEARWATER FL 33764

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samuel G. Farina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

727-535-7884

Daytime Phone #

00649

CR2E037 (10/00)