


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 724405 1. Entity Name PINELLAS PARK CHAPTER #91 DISABLED AMERICAN VETERANS HOLDING CORP., INC.					
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			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CLIMES, WILLIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	421 39TH STREET SOUTH		NAME		
STREET ADDRESS	ST. PETERSBURG, FL 33711		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D DAWSON, CHARLES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7503 119TH AVENUE NORTH		NAME		
STREET ADDRESS	CLEARWATER, FL 33773		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD KIDWELL, FORREST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9125 78TH PL		NAME		
STREET ADDRESS	SEMINOLE, FL 33779		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	SD WEST, ELMER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6526 CREEKVIEW TERRACE		NAME		
STREET ADDRESS	PINELLAS PARK, FL 33781		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Elmer West</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-28-05</u> Daytime Phone: <u>724 6380</u>		