

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
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**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6206437

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST, ELMER L
6526 CREEKVIEW TERRACE
PINELLAS PARK, FL 33781**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE VD
NAME KIDWELL, FORREST
STREET ADDRESS 9125 78TH PL
CITY-ST-ZIP SEMINOLE, FL 33779

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000406258
02/07/06-80080-023 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elmer L. West*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06 727 544 6380
Date Daytime Phone #