

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34285

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CHIROPRACTIC SOCIETY POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

5990 54TH AVE N  
KENNETH CITY, FL 32709

**New Principal Place of Business:**

**Current Mailing Address:**

5990 54TH AVE N  
KENNETH CITY, FL 32709

**New Mailing Address:**

**FEI Number:** 59-2997902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOHR, DEBI  
5990 54TH AVE N  
KENNETH CITY, FL 32709 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HOOD, CHRISTOPHER H  
Address: 5990 54TH AVENUE NORTH  
City-St-Zip: KENNETH CITY, FL 33709 US

Title: VC  
Name: SMITH, PATRICK  
Address: 2418 MILLCREEK CT., STE. 3  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T  
Name: LOHR, DEBI  
Address: 5990 54TH AVENUE N  
City-St-Zip: KENNETH CITY, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER HOOD, D.C.

C

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date