FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:16

DOCUMENT # **N35658** **(6)**

1. Corporation Name

PINELLAS PARK UNIT # 91. DISABLED AMERICAN VETERANS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%DELORES SPINO 10100-46TH ST. N. PINELLAS PARK FL 34666-3712	%DELORES SPINO 10100-46TH ST. N. PINELLAS PARK FL 34666-3712

3. Date Incorporated or Qualified: 12/15/1989
3a. Date of Last Report: 04/25/1994
4. FEI Number: 23-7334818 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2°Eileen McLean	26 9°Eileen McLean
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 10100 46th Street No	27 10100 46th Street No
City & State	City & State
23 Pinellas Park, FL	28 Pinellas Park, FL
Zip / Country	Zip / Country
24 34666-3712 25 Pinellas	29 34666-3712 30 Pinellas

9. Name and Address of Current Registered Agent

SPINO, DOLORES
10100-46TH ST. N.
PINELLAS PARK FL

10. Name and Address of New Registered Agent

81 Name: Eileen McLean
82 Street Address (P.O. Box Number is Not Acceptable): 10100 46th Street North
83
84 City: Pinellas Park **FL** 85 Zip Code: 34666-3712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DS ☒ Change ☐ Addition
NAME	WEST, VIRGINIA	12 NAME	Eileen McLean
STREET ADDRESS	6528 CREEKVIEW TERRACE	13 STREET ADDRESS	3635 19th Street North
CITY-ST-ZIP	PINELLAS PARK FL 34665	14 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BILLINGTON, GLORIA	22 NAME	
STREET ADDRESS	5535 24TH AVENUE NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MANHARD, EDNA	32 NAME	
STREET ADDRESS	10780 43RD ST N	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	SPINO, DOLORES	42 NAME	
STREET ADDRESS	2284 PHILLIPE DR., P.O. BOX 4084 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34618-4084	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Virginia West Virginia West 2-20-95 813-544-6380
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #