

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35658 (6)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

% EILEEN MCLEAN  
10100-46TH ST. N.  
PINELLAS PARK FL 34666-3712  
US

% EILEEN MCLEAN  
10100-46TH ST. N.  
PINELLAS PARK FL 34666-3712  
US

3. Date Incorporated or Qualified  
**12/15/1989**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **10100-46th St. North**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 **Pinellas Park**

24 Zip

Country

29 **34664-0801**

30 **U.S.A**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, EILEEN  
10100-46TH ST. N.  
PINELLAS PARK FL

81 Name **Gloria M. Billington**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5535-24th Avenue No.**

83

84 City **St. Petersburg** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Gloria M. Billington**

**3/30/96**

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS Adjutant** ☐ DELETE  
NAME **MCLEAN, EILEEN**  
STREET ADDRESS **3635 17TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD Commander** ☐ DELETE  
NAME **BILLINGTON, GLORIA**  
STREET ADDRESS **5535 24TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD Treasurer** ☐ DELETE  
NAME **MANHARD, EDNA**  
STREET ADDRESS **10780 43RD ST N**  
CITY-ST-ZIP **CLEARWATER FL 34622**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE  
NAME **SPINO, DOLORES**  
STREET ADDRESS **2284 PHILLIPS DR., P.O. BOX 4084 N/A**  
CITY-ST-ZIP **CLEARWATER FL 34618-4084**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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 address.

SIGNATURE: **Gloria M. Billington**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/96 (813)347-0136**

Date Daytime Phone #

CR2E037 (12/95)