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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34668-3712  
US

10100 46TH STREET NORTH  
PINELLAS PARK FL 33782-3712  
US

3. Date Incorporated or Qualified  
12/15/1989

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

BILLINGTON, GLORIA  
5535 24TH AVE. NORTH  
ST. PETERSBURG FL 33710

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

GLORIAM. BILLINGTON

Apr. 21, 1997

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE

NAME MCLEAN, EILEEN  
STREET ADDRESS 3635 17TH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE

NAME BILLINGTON, GLORIA  
STREET ADDRESS 5535 24TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE TD ☐ DELETE

NAME MANHARD, EDNA  
STREET ADDRESS 10780 43RD ST N  
CITY-ST-ZIP CLEARWATER FL 34622

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD

PO  
VIRGINIA WEST  
6526 CREEKVIEW TERRACE  
PINELLAS PARK, FL 33781

14. I do 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 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*

4/21/97 (813)347-0136

CR2E037 (9/96)