

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90287 005 \*\*\*\*61.25

**DOCUMENT # N35658**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

PO BOX 801  
 PINELLAS PARK FL 33780  
 US

2. Principal Place of Business

*same as above*

3. Mailing Address

*same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*USA*

DO NOT WRITE IN THIS SPACE

*05-06-02 - 90287 - 005*

*61.25*

4. FEI Number  
**23-7334818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPINO, DOLORES**  
**7360 ULMERTON ROAD**  
**13A**  
**LARGO FL 33771**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUCETTE, AUDREY 10200 63RD LANE NO PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEST, VIRGINIA 6526 CREEKVIEW TERRACE PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANHARD, EDNA 9769 - 39TH WAY N. PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; Director PD</b> Gloria M. Billington 5535 - 24 <sup>th</sup> Avenue No. St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Director</b> Audrey Doucette 10200 63rd Lane No. Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer - DIRECTOR</b> EDNA MANHARD 9769 - 39 <sup>th</sup> Way N Pinellas Park, FL 33782	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:** *Gloria M. Billington* *7/8/02* *(727) 347-0136*

CR2E037 (4/02)

DAVA # 91 E. Manhard, Treas  
9769 39th Way  
Pinellas Park, FL 33782 4007

for DAVA # 91  
PO. Box 801  
Pinellas Park, FL 33790

Attachment  
N3565-8

96980

FL 33790

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

Reference to your letter of May 13<sup>th</sup> and phone call July 8<sup>th</sup>. The directors are listed below for Doc. N35658. Check reference # 05-06-02- 90287-005 \$61.25.  
Electronic Access Code-- 0459

Gloria M Billington ---PRESIDENT DIRECTOR (Commander)  
5535 24<sup>th</sup> Ave, N  
St. Petersburg, FL 33710

Audrey Doucette --VICE PRESIDENT DIRECTOR (Sr. Vice Commander)  
10200 63rd Lane N  
Pinellas Park, FL 33782

Edna Manhard ---TREASURER DIRECTOR (Treasurer)  
9769 39<sup>th</sup> Way N  
Pinellas Park, FL

Edna Manhard, Treasurer DAVA # 91

*Edna Manhard*