

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90050 003 ****61.25

DOCUMENT # N35658					
1. Entity Name PINELLAS PARK UNIT # 91. DISABLED AMERICAN VETERANS, INC.					
Principal Place of Business 10100-46TH ST. N. PINELLAS PARK, FL 33782 US			Mailing Address PO BOX 801 PINELLAS PARK, FL 33780 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7334818	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAHARD, EDNA 9769 39TH WAY PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME WEST, VIRGINIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6526 CREEKVIEW TERRACE	CITY-ST-ZIP PINELLAS PARK, FL 33781		NAME VD KIDWELL, GLORIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5535 24TH AVE. N	CITY-ST-ZIP SAINT PETERSBURG, FL 33710		STREET ADDRESS 9125 78th PLACE	CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE VD	NAME PICARONI, BETTY	<input type="checkbox"/> Delete	NAME VD HESS, BETTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5401 43RD TERRACE NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33709		STREET ADDRESS 5401 43rd Terr	CITY-ST-ZIP SAINT PETERSBURG - FL 33709	
TITLE SD	NAME SPINO, DOLORES	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 216	CITY-ST-ZIP LARGO, FL 33779		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	NAME MANHARD, EDNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 9769 39th WAY	CITY-ST-ZIP PINELLAS PARK FL 33782	
TITLE	NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: Edna M Manhard			Edna MANHARD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/20/2005		
Daytime Phone #			727-561-7634		