


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90173 008 \*\*\*\*61.25

<b>DOCUMENT # N35658</b> 1. Entity Name <b>PINELLAS PARK UNIT # 91. DISABLED AMERICAN VETERANS, INC.</b>					
Principal Place of Business <b>10100-46TH ST. N. PINELLAS PARK, FL 33782 US</b>			Mailing Address <b>PO BOX 801 PINELLAS PARK, FL 33780 US</b>		
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 <b>23-7334818</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MANAHARD, EDNA 9769 39TH WAY PINELLAS PARK, FL 33782</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, VIRGINIA		NAME	<b>HESS, BETTY</b>	
STREET ADDRESS	6526 CREEKVIEW TERRACE		STREET ADDRESS	<b>5401 43RD TERN</b>	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	<b>ST PETERSBURG, FL - 33709</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDWELL, GLORIA		NAME	<b>WEST, VIRGINIA</b>	
STREET ADDRESS	9125 78TH PLACE		STREET ADDRESS	<b>6526 CREEKVIEW TERR</b>	
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP	<b>PINELLAS PARK, 33781</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, BETTY		NAME		
STREET ADDRESS	5401 43RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINO, DOLORES		NAME		
STREET ADDRESS	P.O. BOX 216		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33779		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANHARD, EDNA		NAME		
STREET ADDRESS	9769 39 TH WAY		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Betty L Hess</u> BETTY L HESS 4/15/06 (727) 327-8690</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					