

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90103 045 ****61.25

DOCUMENT # N35658

1. Entity Name

**PINELLAS PARK UNIT # 91. DISABLED AMERICAN VETER
ANS, INC.**



Principal Place of Business

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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **MANHARD, EDNA**

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

9769 39th WAY

City

PINELLAS PARK

FL

Zip Code

33782

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.

EDNA MANHARD, TD

SIGNATURE **Edna Manhard, TD.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 15, 2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BILLINGTON, GLORIA M**
STREET ADDRESS **5535-24TH AVENUE NO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VD** ☐ Delete
NAME **BRICETTE, AUDREY**
STREET ADDRESS **10200 65TH LANE NO**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **TD** ☐ Delete
NAME **MANHARD, EDNA**
STREET ADDRESS **9769 - 39TH WAY N.**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **DOUCETTE, AUDREY**
STREET ADDRESS **10200 65th LANE N**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **Gloria M Billington**

March 15, 2003 (727) 544-3433

CR2E037 (10/02)