

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002156 (8)**

1. Corporation Name

**PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.**



Principal Place of Business

Mailing Address

13030 PARK BLVD  
STE C  
SEMINOLE FL 34646  
US

6123 PARK BLVD  
~~STE C~~  
PINELLA SPARK FL 34665  
US

3. Date Incorporated or Qualified **05/07/1993** 3a. Date of Last Report **08/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 7515**

26 **6123 PARK BLVD.**

4. FEI Number **59-3188152** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**SEMINOLE, FL**

**PINELLAS PARK, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **34645** 25 Country **USA**

29 Zip **34665** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIGNATELLO, DAVID J  
6123 PARK BLVD  
PINELLAS PK FL 34665**

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 **DAVID J. PIGNATELLO** *David J. Pignatello* **MISTAKENLY SIGNED 4/12/96** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STRUBBE, JAMES M</b>	
STREET ADDRESS	<b>6123 PARK BLVD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FREED, FREDERICK S</b>	
STREET ADDRESS	<b>4111 16TH ST NO</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DRIZIN, SCOTT L</b>	
STREET ADDRESS	<b>1940 W BAY DR STE 4</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PIGNATELLO, DAVID J</b>	
STREET ADDRESS	<b>6123 PARK BLVD</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, MICHAEL G</b>	
STREET ADDRESS	<b>4641 PARK STREET NO</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, REGINA</b>	
STREET ADDRESS	<b>1201 S HIGHLAND AVE STE 8</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David J. Pignatello* **President** **4/12/96** **813/541-3599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)