

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

21 P.O. BOX 7515

Suite, Apt. #, etc.

22

City & State

23 SEMINOLE, FL

Zip 34645

Country USA

2a. Mailing Address

26 6123 PARK BLVD.

Suite, Apt. #, etc.

27

City & State

28 PINELLAS PARK, FL

Zip 34665

Country USA

4. FEI Number
59-3188152

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

TITLE D
NAME STRUBBE, JAMES M
STREET ADDRESS 6123 PARK BLVD
CITY-ST-ZIP PINELLAS PARK FL

TITLE D
NAME FREED, FREDERICK S
STREET ADDRESS 4111 16TH ST NO
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE P
NAME DRIZIN, SCOTT L
STREET ADDRESS 1940 W BAY DR STE 4
CITY-ST-ZIP LARGO FL

TITLE T
NAME PIGNATELLO, DAVID J
STREET ADDRESS 6123 PARK BLVD
CITY-ST-ZIP PINELLAS PARK FL

TITLE V
NAME ELLIS, MICHAEL G
STREET ADDRESS 4641 PARK STREET NO
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE S
NAME BENNETT, REGINA
STREET ADDRESS 1201 S HIGHLAND AVE STE 8
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)