

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

PO BOX 7515
SEMINOLE FL 34645
US

6123 PARK BLVD
PINELLAS PARK FL 33781-3234
US

3. Date Incorporated or Qualified **05/07/1993** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **P** ☐ DELETE
NAME **PIGNATELLO, DAVID J**
STREET ADDRESS **6123 PARK BLVD**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☒ DELETE
NAME **ELLIS, MICHAEL G**
STREET ADDRESS **4841 PARK STREET NO**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☒ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SECRETARY**
5.3 STREET ADDRESS **PELUSO, KEN**
5.4 CITY-ST-ZIP **35008 U.S. 19 N.**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VICE PRESIDENT**
6.3 STREET ADDRESS **JONES, ROBERICK**
6.4 CITY-ST-ZIP **5500 NINTH ST. N.**
ST. PETERSBURG, FL 33703

14. I do 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 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 DAVID J. PIGNATELLO 3/11/97 813/541-3599

CR2E037 (9/96)