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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002156 (8)**

1. Corporation Name

PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

Principal Place of Business

PO BOX 7515
SEMINOLE FL 34645
US

Mailing Address

6123 PARK BLVD
PINELLAS PARK FL 34665
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/07/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 **S** ☐ DELETE

NAME **PELUSO, KEN**
STREET ADDRESS **35008 U.S. 19 N.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VP** ☐ DELETE

NAME **JONES, RODERICK**
STREET ADDRESS **5500 NINTH STREET N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☒ Addition

1.2 NAME **PIGNATELLO, DAVID J**
1.3 STREET ADDRESS **6123 PARK BLVD.**
1.4 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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 **S** ☐ Change ☒ Addition

4.2 NAME **BENNETT, REGINA**
4.3 STREET ADDRESS **1201 S. HIGHLAND AVE #8**
4.4 CITY-ST-ZIP **CLEARWATER, FL 33771**

5.1 TITLE **VP** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **P** ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

1/14/98 813/541-3599

CR2E037 (10/97)