

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 APR 17 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39884 (4)
1. Corporation Name
PINELLAS SEABIRD REHABILITATION CENTER, INC.

Principal Place of Business Mailing Address
840 THIRD AVENUE SOUTH **840 THIRD AVENUE SOUTH**
TIERRA VERDE FL 33715 **TIERRA VERDE FL 33715**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **09/07/1990** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-3078536** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FOX, LEE
840 THIRD AVENUE SOUTH
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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 **PD**
NAME **FOX, LEE**
STREET ADDRESS **840 THIRD AVENUE SOUTH**
CITY - ST - ZIP **TIERRA VERDE FL**
TITLE **STD**
NAME **DAVIES, DEBRA**
STREET ADDRESS **365 105TH TERRACE N.E.**
CITY - ST - ZIP **ST. PETERSBURG FL**
TITLE **D**
NAME **CHISM, PATTY**
STREET ADDRESS **13923 ICOT BLVD.**
CITY - ST - ZIP **CLEARWATER FL**
TITLE **D**
NAME **MARKS, GEORGE**
STREET ADDRESS **3201 34TH STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**
TITLE **D**
NAME **John Taylor**
STREET ADDRESS **6143 Bayou Grande Blvd.**
CITY - ST - ZIP **St. Petersburg, Fl. 33703**
TITLE **D**
NAME **Dr. Jack Penny**
STREET ADDRESS **731 64th Ave.**
CITY - ST - ZIP **St. Petersburg Beach, Fl. 33706**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with the filing of voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Lee Fox Lee Fox **2/23/95** **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Name)