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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90033 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39884
 1. Corporation Name
PINELLAS SEABIRD REHABILITATION CENTER, INC.

Principal Place of Business 840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715	Mailing Address 840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3078536
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOX, LEE 840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, LEE			1.2 NAME	<i>Ann Penny</i>		
STREET ADDRESS	840 THIRD AVENUE SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<i>Ann Penny D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHISM, PATTY			2.2 NAME	<i>731 64th ave</i>		
STREET ADDRESS	13923 ICOT BLVD.			2.3 STREET ADDRESS	<i>St. Pete Beach Fl.</i>		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRO, NANCY			3.2 NAME			
STREET ADDRESS	1505 BM COLONIAL TERR			3.3 STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON VA 22209			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNY, JACK D			4.2 NAME			
STREET ADDRESS	731 64TH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL			4.4 CITY-ST-ZIP			
TITLE	<i>James Byrne D</i>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>540 Fourth St N</i>			5.2 NAME			
STREET ADDRESS	<i>St. Pete Fl. 33701 attorney</i>			5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<i>Richard McCroy D</i>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>540 Fourth St N</i>			6.2 NAME			
STREET ADDRESS	<i>St. Pete Fl. 33701 attorney</i>			6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Lee S. Fox* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #