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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753432 (4)

1. Corporation Name

PINELLAS TAPE LIBRARY FOR THE BLIND, INC.

Principal Place of Business

Mailing Address

401 FIFTH STREET NORTH
C/O DOROTHY FISCHER
ST. PETERSBURG FL 33701401 FIFTH STREET NORTH
C/O DOROTHY FISCHER
ST. PETERSBURG FL 33701-2813

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1980		3a. Date of Last Report 03/14/1996	
21		26		4. FEI Number 59-2020464		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

FISCHER, DOROTHY
5826 32ND AVE. N
ST. PETERSBURG FL 33710

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 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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FAIRCLOUGH, RENATA	1.2 NAME	
STREET ADDRESS	3850 BELLE VISTA DRIVE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33708	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FICHTER, JACK	2.2 NAME	
STREET ADDRESS	3992 62ND ST N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, DOROTHY	3.2 NAME	
STREET ADDRESS	5826 32ND AVE. N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REVI, JANICE	4.2 NAME	
STREET ADDRESS	530-28TH AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOTTET, OLIVE	5.2 NAME	
STREET ADDRESS	518 91ST AVE. NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TABOR, CHARLES	6.2 NAME	
STREET ADDRESS	1035 ARLINGTON AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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: *Dorothy L. Fischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 1997

Date

896-0904

Daytime Phone # 0049761

CR2E037 (9/96)