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Feb 17 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 # 753432 (4)
1. Corporation Name
PINELLAS TAPE LIBRARY FOR THE BLIND, INC.



Principal Place of Business 401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701	Mailing Address 401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701
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3. Date Incorporated or Qualified 07/22/1980		
4. FEI Number 59-2020464	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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
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 Fairclough, Renate
82. Street Address (P.O. Box Number is Not Acceptable) 3850 Belle Vista Drive East
83. City St. Pete Beach
84. State FL
85. Zip Code 33706

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: Renate Fairclough, President DATE: 2/10/98

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	FAIRCLOUGH, RENATA	
STREET ADDRESS	3850 BELLE VISTA DRIVE EAST	
CITY - ST - ZIP	ST PETERSBURG FL 33706	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	FICHTER, JACK	
STREET ADDRESS	3992 62ND ST N.	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	FISCHER, DOROTHY	
STREET ADDRESS	5826 32ND AVE. N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/>
NAME	REVILL, JANICE	
STREET ADDRESS	530-28TH AVE N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/>
NAME	MOTTET, OLIVE	
STREET ADDRESS	518 91ST AVE. NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	TABOR, CHARLES	
STREET ADDRESS	1035 ARLINGTON AVE N	
CITY - ST - ZIP	ST.PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Fairclough, Renate		
1.3 STREET ADDRESS	3850 Belle Vista Drive East		
1.4 CITY - ST - ZIP	St. Pete Beach, FL 33706		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Koerkel, Alvin		
2.3 STREET ADDRESS	6100 - 62nd Ave. No #48		
2.4 CITY - ST - ZIP	Pinellas Park, FL 33781		
3.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Gwendolyn McDevitt		
3.3 STREET ADDRESS	2030 - 34th Ave. No.		
3.4 CITY - ST - ZIP	St. Petersburg, FL 33713		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Mottet, Olive		
5.3 STREET ADDRESS	4720 Locust St. NE		
5.4 CITY - ST - ZIP	St. Petersburg, FL 33703		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Weir, Irene		
6.3 STREET ADDRESS	4121 Moody St.		
6.4 CITY - ST - ZIP	St. Pete Beach FL 33706		

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: Gwendolyn McDevitt Gwendolyn McDevitt 1/16/98 (813) 823-7095

CFR2037 (1097)