

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 709841 (1)

1. Corporation Name

TAMPA LIGHTHOUSE FOR THE BLIND, INC.



Principal Place of Business

Mailing Address

1106 W PLATT ST  
TAMPA FL 33606

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TAMPA FL 33606

3. Date Incorporated or Qualified

05/03/1940

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0637876

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSTROM, C E  
1106 W PLATT ST  
TAMPA FL 33606

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	PD	<input type="checkbox"/> DELETE
NAME	ANGELO, STUART	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1620	
CITY - ST - ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DINKINS, PHIL	
STREET ADDRESS	100 N. TAMPA ST., SUITE 2150	
CITY - ST - ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MARILYN	
STREET ADDRESS	3810 DREXEL AVE.	
CITY - ST - ZIP	TAMPA, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADWELL, KAREN	
STREET ADDRESS	3965 HENDERSON BLVD.	
CITY - ST - ZIP	TAMPA, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILMOUTH, JAMES	
STREET ADDRESS	4355 HENDERSON BLVD.	
CITY - ST - ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	RIZZETTA, BILL
24 CITY - ST - ZIP	3550 BUSCH WOOD PK., # 135
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADM. SVCS. SUPV.

4/18/96

813-251-2407

CR2E037 (12/95)