


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709841** (1)

1. Corporation Name

**TAMPA LIGHTHOUSE FOR THE BLIND, INC.**



Principal Place of Business <b>1106 W PLATT ST TAMPA FL 33606</b>	Mailing Address <b>1106 W PLATT ST TAMPA FL 33606-2142</b>
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3. Date Incorporated or Qualified <b>05/03/1940</b>	3a. Date of Last Report <b>02/08/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-0637876</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<b>FL</b>
	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANGELO, STUART</b>		1.2 NAME <b>JIM WILMOUTH</b>	
STREET ADDRESS <b>201 E. KENNEDY BLVD., SUITE 1620</b>		1.3 STREET ADDRESS <b>4400 N. ARMENIA</b>	
CITY-ST-ZIP <b>TAMPA, FL</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RIZZETTA, BILL</b>		2.2 NAME <b>ANDREA HAIRELSON</b>	
STREET ADDRESS <b>3550 BUSCH WOOD PARK 135</b>		2.3 STREET ADDRESS <b>P.O. BOX 1006</b>	<b>N/A</b>
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP <b>TAMPA, FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILLIAMS, MARILYN</b>		3.2 NAME <b>KAREN ADWELL</b>	
STREET ADDRESS <b>3810 DREXEL AVE.</b>		3.3 STREET ADDRESS <b>P.O. BOX 10100</b>	<b>N/A</b>
CITY-ST-ZIP <b>TAMPA, FL</b>		3.4 CITY-ST-ZIP <b>TAMPA, FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ADWELL, KAREN</b>		4.2 NAME <b>ANA ADAMS</b>	
STREET ADDRESS <b>3965 HENDERSON BLVD.</b>		4.3 STREET ADDRESS <b>2525 S. COMBEE RD.</b>	
CITY-ST-ZIP <b>TAMPA, FL</b>		4.4 CITY-ST-ZIP <b>LAKE LAND, FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILMOUTH, JAMES</b>		5.2 NAME <b>TED BERRY</b>	
STREET ADDRESS <b>4355 HENDERSON BLVD.</b>		5.3 STREET ADDRESS <b>412 S. HOWARD AVE., SUITE 5</b>	
CITY-ST-ZIP <b>TAMPA, FL</b>		5.4 CITY-ST-ZIP <b>TAMPA, FL</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **1-29-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0047310**

CR2E037 (9/96)