


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 1108 W PLATT ST TAMPA FL 33606		Mailing Address 1108 W PLATT ST TAMPA FL 33606		3. Date Incorporated or Qualified 05/03/1940	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0637876	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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 type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent OLSTROM, C E 1108 W PLATT ST TAMPA FL 33606		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			
TITLE	PD <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	JIM WILMOUTH	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4400 N-ARMENIA	1.2 NAME	
CITY-ST-ZIP	TAMPA, FL	1.3 STREET ADDRESS 405 N. RED ST. STE 240	
TITLE	VD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	ANDREA HARELSON	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 1008	2.2 NAME	
CITY-ST-ZIP	TAMPA FL	2.3 STREET ADDRESS 100 N. TAMPA ST	
TITLE	VD <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	KAREN ADWELL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 10100 N/A	3.2 NAME KAREN GATES (change in last name only)	
CITY-ST-ZIP	TAMPA, FL	3.3 STREET ADDRESS	
TITLE	SD <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	ANA ADAMS	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2525 S GOMBEE RD	4.2 NAME	
CITY-ST-ZIP	LAKELAND FL	4.3 STREET ADDRESS 1 SIKES BLVD	
TITLE	TD <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	TED BERRY	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	412 S HOWARD AVE., STE 5	5.2 NAME	
CITY-ST-ZIP	TAMPA, FL	5.3 STREET ADDRESS 6131 ANDERSON RD, NK	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Deadline Phone 8-0000

CR2E037 (10/97)