

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90062 009 ****70.00

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DOCUMENT # 709841

1. Corporation Name

TAMPA LIGHTHOUSE FOR THE BLIND, INC.

126777 - 90062 - 9

Principal Place of Business

1106 W PLATT ST
TAMPA FL 33606

Mailing Address

1106 W PLATT ST
TAMPA FL 33606



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/03/1940

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

9. Name and Address of Current Registered Agent

OLSTROM, C E
1106 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
NAME JIM WILMOUTH
STREET ADDRESS 405 N RED ST STE 240
CITY-ST-ZIP TAMPA, FL ☐ DELETE

TITLE VD
NAME ANDREA HAIRELSON
STREET ADDRESS 100 N TAMPA ST
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE VD
NAME GATES, KAREN
STREET ADDRESS PO BOX 10100 N/A
CITY-ST-ZIP TAMPA, FL ☒ DELETE

TITLE SD
NAME ANA ADAMS
STREET ADDRESS 1 SIKES BLVD
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE TD
NAME TED BERRY
STREET ADDRESS 6131 ANDERSON RD #K
CITY-ST-ZIP TAMPA, FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME JIM WILMOUTH
1.3 STREET ADDRESS 405 N RED ST STE 240
1.4 CITY-ST-ZIP TAMPA, FL

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME KAREN GATES
2.3 STREET ADDRESS 3965 HENDERSON BLVD.
2.4 CITY-ST-ZIP TAMPA, FL

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME DIANNE JACOB
3.3 STREET ADDRESS 213 S. MATANZAS AVE.
3.4 CITY-ST-ZIP TAMPA, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99

(813) 289-4119

Date

Daytime Phone #

CR2E037 (11/98)