

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:47

DOCUMENT # 712735 (0)

1. Corporation Name

PINELLAS CENTER FOR THE VISUALLY IMPAIRED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6925 112 CIR N S103 LARGO FL 34643 US	6925 112 CIR N S103 LARGO FL 34643 US

3. Date Incorporated or Qualified 05/15/1967	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7042938	Applied For: <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30
25	29

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THEODORE N. GILLETTE, O.D.  
7209 BRYAN DAIRY ROAD  
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name	SCOTT MOORE
82 Street Address (P.O. Box Number is Not Acceptable)	2111 DREW STREET
83	
84 City	CLEARWATER
85 State	FL
86 Zip Code	34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Scott Moore DATE 2/1/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLETTE, THEODORE N
STREET ADDRESS	7209 BRYAN DAIRY RD
CITY - ST - ZIP	LARGO FL
TITLE	VD
NAME	NEILSON, JAMIE
STREET ADDRESS	1873 BUGLE LANE
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	HEBDEN, ROBERT K.
STREET ADDRESS	1706 BELLEAIR FORREST DRIVE
CITY - ST - ZIP	BELLEAIR FL
TITLE	PD
NAME	MOORE, SCOTT
STREET ADDRESS	2111 DREW STREET
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	GREEN, RICHARD
STREET ADDRESS	1010 DREW STREET
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	GAGNON, MARY ANN
STREET ADDRESS	400 CLEVELAND STREET
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICKER, HETTY	
1.3 STREET ADDRESS	407 BUTTONWOOD LANE	
1.4 CITY - ST - ZIP	LARGO, FLORIDA 34640	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COMSTOCK, CHRIS	
6.3 STREET ADDRESS	1951 MICHIGAN AVENUE, NE	
6.4 CITY - ST - ZIP	ST. PETERSBURG, FLORIDA 33703	

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 110.07(3)(b), 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: Scott Moore SCOTT MOORE DATE 2/15/95 (813) 544-4433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Expiration Date)