

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 # 712735 (0)
1. Corporation Name
PINELLAS CENTER FOR THE VISUALLY IMPAIRED, INC.



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

3. Date Incorporated or Qualified **05/15/1967** 3a. Date of Last Report **02/21/1995**
4. FEI Number **23-7042938** 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

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

9. Name and Address of Current Registered Agent
**MOORE, SCOTT
2111 DREW STREET
CLEARWATER FL 34625**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKER, HETTY	1.2 NAME	
STREET ADDRESS	407 BUTTONWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILSON, JAMIE	2.2 NAME	
STREET ADDRESS	1873 BUGLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBDEN, ROBERT K.	3.2 NAME	
STREET ADDRESS	1706 BELLEAIR FORREST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT	4.2 NAME	
STREET ADDRESS	2111 DREW STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RICHARD	5.2 NAME	
STREET ADDRESS	1010 DREW STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMSTOCK, CHRIS	6.2 NAME	
STREET ADDRESS	1951 MICHIGAN AVENUE, NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 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 if changed, or in an attachment with an address.

SIGNATURE: **ROBERT HEBDEN,** 1/22/96 813/544-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

PINELLAS CENTER FOR THE VISUALLY IMPAIRED

BOARD OF DIRECTORS

NO. 13 - ADDITIONS

D
BAKER, PAT
11644 IRVING STREET
SEMINOLE, FL

D
BOYKIN, WALTER
1913 KINGS HIGHWAY
CLEARWATER, FL

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

D
GOMEZ, RICHARD
417 ST. ANDREWS DRIVE
BELLEAIR, FL

D
HANNIGAN, JOHN
1726 RANCHWOOD DRIVE., S.
DUNEDIN, FL

D
HART, ED
P. O. BOX 25434
TAMPA, FL

D
HOLDREN, EVELYN
701 POINSETTIA RD., #136
BELLEAIR, FL

D
MAC KINNON, G. WILLIAM
2700 BAYSHORE BLVD
DUNEDIN, FL

D
OSTERMAN, TERRY
260 TIMBERVIEW DR
SAFETY HARBOR, FL

PINELLAS CENTER FOR THE
VISUALLY IMPAIRED, INC.
BOARD OF DIRECTORS
NO. 13 ADDITIONS
CONTINUED

D
SAMPLE, DOROTHY
200 SUNSET DRIVE, SO.
ST. PETERSBURG, FL

D
SCHWARTZ, M.D., JEFFREY S.
1345 WEST BAY DRIVE, SUITE 101
LARGO, FL

D
SIPLE, RICHARD
3 DRUID PLACE
BELLEAIR, FL

D
SWEET, CHARLES A.
4977 OXFORD AVENUE, N.
ST. PETERSBURG, FL

D
TIFFIN, JAY
5 DESOTO PLACE
BELLEAIR, FL

D
WATSON, MURIEL
200 LAKE AVENUE, NE #319
LARGO, FL