FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Pusings



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Daytime Phone # 0051773

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712735

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Mailing Addross

PINELLAS CENTER FOR THE VISUALLY IMPAIRED, INC.

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6925 112 CIR N				6925 112 CIR N						1						
\$103				\$103												
LARGO FL 34643 US				LARGO FL 33773-5200 US					3. Date incorporate 05/15/196	ate of Last Report 01/29/1996						
2. Principal Pla	ace of Busin	IOSS		2a. N	laiting Address			······		4. FEI Number	_	4,,	T	App	ied For	
21				26						23-704293	8			Not ,	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Stat	us Dankard		\$8.7	5 Ad	ditional	
22				27						9. Certificate of Stat	us Desireu		Fee	Req	rired	
City & State				City & State						6. Election Campaig Trust Fund Contri						
Zip		Country		Zip Country						8. This corporation has liability for intangible tax under s. 199.0						
24 33773		25	2	29 33773 30						Florida Statutes		Yes [No			
	9. Name	and Address o	f Current Re	gister	red Agent					10. Name and Address of New Registered Agent						
81 Name																
MOORE, SCOTT					B2 Street Add					ddress (P.O. Box Number is Not Acceptable)						
2111 DREW STREET																
CLEARWATER FL 34625					83											
							84	City					85 7	ip Co	vio.	
							٦	Ony				FL	63 1	p 00	~~	
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 familial with, and accept the obligations of, Section 617.0503, Florida Statutes.																
SIGNATURE	SIGNATURE															
12.	aignature types		ERS AND DI				egistered Agent signature require			ADDITIONS/CHAN	GES TO DEFIC	DATE FRS AND	DIRECT	ORS	IN 12	
TITLE	ŠD	Offic	CI IO MINO DI	III.OII	DELETE		1,1 TITLE		T	ADDITIONO/OF BILL	GEO TO OTTIO	L110 71112	Chan		Addition	
NAME	RICKER,	HETTY					1.2 NAME		- }					•		
		TONWOOD L	ANE				1.3 STREET ADDRESS		,							
STREET ADDRESS	LARGO F		A4F				1.4 CITY - SY - ZIP		۳							
CITY-ST-ZIP TITLE	Dallagi	<u> </u>		DELETE			21 TITLE						Chan	ae	Addition	
NAME	NEILSON	J.IAMIF					22 NAME						L	-		
STREET ADDRESS		GLE LANE					2.3 STREET ADDRESS									
	CLEARW						2.4 CITY-ST-ZIP		"						ľ	
CHTY-ST-ZIP TITLE	TD	AILUIL		DELETE			3.1 TITLE	51-ZIP			· · · · · · · · · · · · · · · · · · ·		Chan	06 3	Addition	
NAME		, ROBERT K.	223 5 5 5 5 6	3.2 NAME			T					•- 2				
STREET ADDRESS		LLEAIR FORR	EST DRIVE					1 2 STREET ADDRESS J		Y TIFFIN					i	
	BELLEAN		LOI DIMIL	_						DeSOTO PLACE						
CITY-ST-ZIP TITLE	PD	1112		DELETE			4.1 TITLE			ILEAIR, FL	34616		Chan		Addition	
NAME	MOORE,	SCOTT					4, 2 NAME						Series Civili		ridercion	
	2111 DR				4.3 STREET ADDRESS											
STREET ADORESS CITY-ST-ZIP	CLEARW						4.4 CITY-		~	•						
TITLE	VD	AILITE			DELETE		5.1 TITLE	31- LIF	DI				Chan	oe	Addition	
NAME		RICHARD			hand or even to		5.2 NAME		Pl				*	-		
STREET ADDRESS	GREEN, RICHARD 1010 DREW STREET							T ADDRES								
	OLEANIA TEO PA								33							
CITY-ST-ZIP TITLE	VPD	AILHIL			DELETE		5.4 CITY- 6.1 TITLE	01-71					Chan	oe	Addition	
NAME		OCK, CHRIS			C been	•	6.2 NAME						Person Villani	~ ~		
1		CHIGAN AVEN						,					•			
STREET ADDRESS		IUC, NE					6.3 STREET ADDRESS									
14. f do hereb		RSBURG FL	supplied wit	h this	filing does not r	gualify f	6.4 CITY- or the exi		n state	d in Section 119.07(3)(i),	Florida Statutes	. I further	r certify t	hat th	e	
information Lam an of	n Indicated of fficer or direc	on this annual re ctor of the corpo	port or supporation or the	lemen receiv	ital annual repor	t is true ipowere	and acc	urate a	ind the	at my signature shall have ort as required by Chapte	the same legal	effect as	if made	unde	r oath; that	
appears	. DIVON IE U	· Dioon ip ii oili	angua, w Oir		assimilar it minimal	, augino	, ·								Į.	