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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 712735

1. Corporation Name

PINELLAS CENTER FOR THE VISUALLY IMPAIRED, INC.

Principal Place of Business

6925 112 CIR N
 S103
 LARGO FL 33773
 US

Mailing Address

6925 112 CIR N
 S103
 LARGO FL 33773
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/15/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7042938

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **Tiffin, Jay**
 82 Street Address (P.O. Box Number is Not Acceptable) **5 Desoto PL.**
 83
 84 City **Belleair** FL 85 Zip Code **34616**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/8/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLDREN, EVELYN	
STREET ADDRESS	701 POINSETTIA ROAD, #136	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEILSON, JAMIE	
STREET ADDRESS	1873 BUGLE LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TIFFIN, JAY	
STREET ADDRESS	5 DESOTO PL	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, SCOTT	
STREET ADDRESS	2111 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD	
STREET ADDRESS	1010 DREW STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COMSTOCK, CHRIS	
STREET ADDRESS	1951 MICHIGAN AVENUE, NE	
CITY-ST-ZIP	ST PETERSBURG FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
4.2 NAME	DR. DUKE NORDLINGER STERN
4.3 STREET ADDRESS	385 BAYVIEW DR., NE
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
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**

DATE **4/8/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E037-(11/98)

712735
401107-90135-18

D
Jeffrey S. Schwartz, M.D.
1345 West Bay Dr., Suite 101
Largo, FL 33770

D
Richard Siple
3 Druid Place
Belleair, FL 33756

D
Muriel Watson
200 Lake Avenue, NE #319
Largo, FL 33771

D
Carlton Weidemeyer
501 So. Ft. Harrison Avenue
Clearwater, FL 33756

PINELLAS CENTER FOR THE VISUALLY IMPAIRED, INC.

BOARD OF DIRECTORS

712735

401107-90135-18

BLOCK NO. 13 ADDITIONS:

VPD

Richard Gomez
417 St. Andrews Drive
Belleair, FL 33756

D

Stacy J. Ames
100 Second Ave. S., Ste. 600
St. Petersburg, FL 33701

D

Walter Boykin
1913 Kings Highway
Clearwater, FL 33755

D

Tammy Follo
2874 Westcott Drive
Palm Harbor, FL 34684

D

JeanCarol Hart
6550 2nd Avenue N.
St. Petersburg, FL 33710

D

Alberta McEuen
Merrill Lynch
26301 U.S. Highway 19 North
Clearwater, FL 33761

D

Ron Pereira
Hospice of the Florida Suncoast
300 East Bay Drive
Largo, FL 33770

D

Mark Sarno, O.D.
7360 Bryan Dairy Rd., Suite 200
Largo, FL 33777-1506