

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB -2 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753432 (4)

1. Corporation Name

PINELLAS TAPE LIBRARY FOR THE BLIND, INC.

Principal Place of Business

Mailing Address

401 FIFTH STREET NORTH
C/O PAMELA JILL KANTOR
ST. PETERSBURG FL 33701

401 FIFTH STREET NORTH
C/O PAMELA JILL KANTOR
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1980

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2020464

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTOR, PAMELA JILL
208 19TH AVE N.E.
ST. PETERSBURG FL 33704

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME FISCHER, DOROTHY
STREET ADDRESS 5826 32ND AVE N
CITY- ST- ZIP ST PETERSBURG, FL 00000

1.1 TITLE D Change Addition
1.2 NAME KOERKEL, ALWIN C
1.3 STREET ADDRESS 6100 62ND AVE N
1.4 CITY- ST- ZIP PINELLAS PARK FL

TITLE VD
NAME FICHTER, JACK
STREET ADDRESS 3992 62ND ST N.
CITY- ST- ZIP ST PETERSBURG FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE PTD
NAME KANTOR, PAMELA JILL
STREET ADDRESS 208 19TH AVENUE NE
CITY- ST- ZIP ST PETERSBURG, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME REVILL, JANICE
STREET ADDRESS 530-28TH AVE N.
CITY- ST- ZIP ST. PETERSBURG FL

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

TITLE D
NAME MOTTET, OLIVE
STREET ADDRESS 518 91ST AVE. NORTH
CITY- ST- ZIP ST PETERSBURG, FL 00000

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

TITLE D
NAME TABOR, CHARLES
STREET ADDRESS 1035 ARLINGTON AVE N
CITY- ST- ZIP ST. PETERSBURG FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 on an attachment with an address.

SIGNATURE:

Pamela Jill Kantor, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 27 1995

813-894-0304
Official Phone #

PAMELA JILL KANTOR PRESIDENT