

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

**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**

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

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

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

9. Name and Address of Current Registered Agent
**KANTOR, PAMELA JILL
208 19TH AVE N.E.
ST. PETERSBURG FL 33704**

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FISCHER, DOROTHY
STREET ADDRESS	5826 32ND AVE N
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	VD
NAME	FICHTER, JACK
STREET ADDRESS	3992 62ND ST N.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	PTD
NAME	KANTOR, PAMELA JILL
STREET ADDRESS	208 19TH AVENUE NE
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	D
NAME	REVILL, JANICE
STREET ADDRESS	530-28TH AVE N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	MOTTET, OLIVE
STREET ADDRESS	518 91ST AVE. NORTH
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	D
NAME	TABOR, CHARLES
STREET ADDRESS	1035 ARLINGTON AVE N
CITY - ST - ZIP	ST.PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOERKEL, ALWIN C	
1.3 STREET ADDRESS	6100 62ND AVE N.	
1.4 CITY - ST - ZIP	PINELLAS PARK FL	
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 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		<input type="checkbox"/> Change <input type="checkbox"/> 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 **JAN 27 1995** 813-894-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)
PAMELA JILL KANTOR PRESIDENT