

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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	<i>Dorothy Fischer</i> 401 FIFTH STREET NORTH C/O PAMELA JILL KANTOR ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 07/22/1980  
3a. Date of Last Report: 02/02/1995

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

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTOR, PAMELA JILL  
206 19TH AVE N.E.  
ST. PETERSBURG FL 33704  
(Deceased)

81 Name: Dorothy Fischer  
82 Street Address (P.O. Box Number is Not Acceptable): 5826 - 32nd Ave. North  
83  
84 City: St. Petersburg FL 85 Zip Code: 33710

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: *Dorothy L. Fischer* (Dorothy L. Fischer) Sec. Feb. 7, 1996  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SD	NAME: FISCHER, DOROTHY	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5826 32ND AVE N	CITY-ST-ZIP: ST PETERSBURG FL	1.2 NAME:
TITLE: VD	NAME: FICHTER, JACK	1.3 STREET ADDRESS:
STREET ADDRESS: 3992 62ND ST N.	CITY-ST-ZIP: ST PETERSBURG FL	1.4 CITY-ST-ZIP:
TITLE: <del>PTD</del>	NAME: KANTOR, PAMELA JILL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 206 19TH AVENUE NE	CITY-ST-ZIP: ST PETERSBURG FL	2.2 NAME:
TITLE: D	NAME: REVILL, JANICE	2.3 STREET ADDRESS:
STREET ADDRESS: 530-28TH AVE N.	CITY-ST-ZIP: ST. PETERSBURG FL	2.4 CITY-ST-ZIP:
TITLE: D	NAME: MOTTET, OLIVE	3.1 TITLE: Pres
STREET ADDRESS: 518 91ST AVE. NORTH	CITY-ST-ZIP: ST PETERSBURG FL	3.2 NAME: Renata Fairclough
TITLE: D	NAME: TABOR, CHARLES	3.3 STREET ADDRESS: 3850 Belle Vista Drive East
STREET ADDRESS: 1035 ARLINGTON AVE N	CITY-ST-ZIP: ST.PETERSBURG FL	3.4 CITY-ST-ZIP: St. Petersburg Beach, FL 33706
		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: \$ Deposited by Bank
		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 on an attachment with an address.

SIGNATURE: *Dorothy L. Fischer*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (813) 896-0904  
Date Day/Time Phone #

CR2E037 (12/95)