

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

*Dorothy Fischer*

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

*Dorothy Fischer*



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

07/22/1980

3a. Date of Last Report

02/02/1995

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 ☐ DELETE  
NAME FISCHER, DOROTHY  
STREET ADDRESS 5826 32ND AVE N  
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
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 ☒ DELETE  
NAME KANTOR, PAMELA JILL  
STREET ADDRESS 206 19TH AVENUE NE  
CITY-ST-ZIP ST PETERSBURG FL

3.1 TITLE Pres ☒ Change ☐ Addition  
3.2 NAME *Renata Fairclough*  
3.3 STREET ADDRESS *3850 Belle Vista Drive East*  
3.4 CITY-ST-ZIP *St. Petersburg Beach, FL 33706*

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

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

TITLE D ☐ DELETE  
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 *# Deposited by Bank*

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

Daytime Phone #

CR2E037 (12/95)