

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
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Dorothy Fischer</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>5826 - 32nd Ave. North</i>
83
84 City <i>St. Petersburg</i>
85 Zip Code <i>FL 33710</i>

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISCHER, DOROTHY 5826 32ND AVE N ST PETERSBURG FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FICHTER, JACK 3992 62ND ST N. ST PETERSBURG FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KANTOR, PAMELA JILL 206 19TH AVENUE NE ST PETERSBURG FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVILL, JANICE 530-28TH AVE N. ST. PETERSBURG FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTET, OLIVE 518 91ST AVE. NORTH ST PETERSBURG FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOR, CHARLES 1035 ARLINGTON AVE N ST.PETERSBURG FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Renata Fairclough</i>
3.3 STREET ADDRESS	<i>3850 Belle Vista Drive East</i>
3.4 CITY-ST-ZIP	<i>St. Petersburg Beach, FL 33706</i>
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	<i>\$ Deposited by Bank</i>
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)