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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 DOROTHY FISCHER
ST. PETERSBURG FL 33701

401 FIFTH STREET NORTH
C/O DOROTHY FISCHER
ST. PETERSBURG FL 33701-2613

3. Date Incorporated or Qualified
07/22/1980

3a. Date of Last Report
03/14/1996

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

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

FISCHER, DOROTHY
5826 32ND AVE. N
ST. PETERSBURG FL 33710

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 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

Signature, typed 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 | P | <input type="checkbox"/> DELETE |
| NAME | FAIRCLOUGH, RENATA | |
| STREET ADDRESS | 3850 BELLE VISTA DRIVE EAST | |
| CITY-ST-ZIP | ST PETERSBURG FL 33706 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FICHTER, JACK | |
| STREET ADDRESS | 3992 62ND ST N. | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FISCHER, DOROTHY | |
| STREET ADDRESS | 5826 32ND AVE. N | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | REVI, JANICE | |
| STREET ADDRESS | 530-28TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOTTET, OLIVE | |
| STREET ADDRESS | 518 91ST AVE. NORTH | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TABOR, CHARLES | |
| STREET ADDRESS | 1035 ARLINGTON AVE N | |
| CITY-ST-ZIP | ST.PETERSBURG FL | |

| | |
|--------------------|---|
| 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 | <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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 1997 896-0904
Date Daytime Phone # 0049761

CR2E037 (9/96)