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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

07/22/1980

4. FEI Number

59-2020464

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **Fairclough, Renate**
82 Street Address (P.O. Box Number is Not Acceptable)
3850 Belle Vista Drive East
83
84 City **St. Pete Beach** FL 85 Zip Code **33706**

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

Renate Fairclough, President

2/10/98

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** ☐ DELETE
NAME **FAIRCLOUGH, RENATA**
STREET ADDRESS **3850 BELLE VISTA DRIVE EAST**
CITY - ST - ZIP **ST PETERSBURG FL 33706**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Fairclough, Renate**
1.3 STREET ADDRESS **3850 Belle Vista Drive East**
1.4 CITY - ST - ZIP **St. Pete Beach, FL 33706**

TITLE **VO** ☒ DELETE
NAME **FICHTER, JACK**
STREET ADDRESS **3992 62ND ST N.**
CITY - ST - ZIP **ST PETERSBURG FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Koerkel, Alvin**
2.3 STREET ADDRESS **6100 - 62nd Ave. No #48**
2.4 CITY - ST - ZIP **Pinellas Park, FL 33781**

TITLE **SD** ☒ DELETE
NAME **FISCHER, DOROTHY**
STREET ADDRESS **5826 32ND AVE. N**
CITY - ST - ZIP **ST PETERSBURG FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Gwendolyn McDevitt**
3.3 STREET ADDRESS **2030 - 34th Ave. No.**
3.4 CITY - ST - ZIP **St. Petersburg, FL 33713**

TITLE **D** ☐ DELETE
NAME **REYLL, 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 **Mottet, Olive**
5.3 STREET ADDRESS **4720 Locust St. NE**
5.4 CITY - ST - ZIP **St. Petersburg, FL 33703**

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 **Weir, Irene**
6.3 STREET ADDRESS **4121 Moody St.**
6.4 CITY - ST - ZIP **St. Pete Beach FL 33706**

14. I 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: *Gwendolyn McDevitt* **Gwendolyn McDevitt** 1/16/98 (813) 823-7095

CFR037 (1097)