

FILE NOW: FILING FEE IS \$61.25

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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 401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701	Mailing Address 401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701
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3. Date Incorporated or Qualified 07/22/1980		
4. FEI Number 59-2020464	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**FISCHER, DOROTHY
5826 32ND AVE. N
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81. Name Fairclough, Renate	
82. Street Address (P.O. Box Number is Not Acceptable) 3850 Belle Vista Drive East	
83. City St. Pete Beach	
84. State 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 DATE: 2/10/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FAIRCLOUGH, RENATA		1.2 NAME Fairclough, Renate	
STREET ADDRESS 3850 BELLE VISTA DRIVE EAST		1.3 STREET ADDRESS 3850 Belle Vista Drive East	
CITY-ST-ZIP ST PETERSBURG FL 33706		1.4 CITY-ST-ZIP St. Pete Beach, FL 33706	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FICHTER, JACK		2.2 NAME Koerkel, Alvin	
STREET ADDRESS 3992 62ND ST N.		2.3 STREET ADDRESS 6100 - 62nd Ave. No #48	
CITY-ST-ZIP ST PETERSBURG FL		2.4 CITY-ST-ZIP Pinellas Park, FL 33781	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISCHER, DOROTHY		3.2 NAME Gwendolyn McDevitt	
STREET ADDRESS 5826 32ND AVE. N		3.3 STREET ADDRESS 2030 - 34th Ave. No.	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP St. Petersburg, FL 33713	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REVILL, JANICE		4.2 NAME	
STREET ADDRESS 530-28TH AVE N.		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOTTET, OLIVE		5.2 NAME Mottet, Olive	
STREET ADDRESS 518 91ST AVE. NORTH		5.3 STREET ADDRESS 4720 Locust St. NE	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TABOR, CHARLES		6.2 NAME Weir, Irene	
STREET ADDRESS 1035 ARLINGTON AVE N		6.3 STREET ADDRESS 4121 Moody St.	
CITY-ST-ZIP ST. PETERSBURG FL		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

CFR2037 (1097)