

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701</b>	Mailing Address <b>401 FIFTH STREET NORTH C/O DOROTHY FISCHER ST. PETERSBURG FL 33701</b>
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3. Date Incorporated or Qualified <b>07/22/1980</b>		
4. FEI Number <b>59-2020464</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	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 <b>Fairclough, Renate</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>3850 Belle Vista Drive East</b>	
83. City <b>St. Pete Beach</b>	
84. State <b>FL</b>	85. Zip Code <b>33706</b>

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Fairclough, Renate</b>		
1.3 STREET ADDRESS	<b>3850 Belle Vista Drive East</b>		
1.4 CITY - ST - ZIP	<b>St. Pete Beach, FL 33706</b>		
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Koerkel, Alvin</b>		
2.3 STREET ADDRESS	<b>6100 - 62nd Ave. No #48</b>		
2.4 CITY - ST - ZIP	<b>Pinellas Park, FL 33781</b>		
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Gwendolyn McDevitt</b>		
3.3 STREET ADDRESS	<b>2030 - 34th Ave. No.</b>		
3.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33713</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Mottet, Olive</b>		
5.3 STREET ADDRESS	<b>4720 Locust St. NE</b>		
5.4 CITY - ST - ZIP	<b>St. Petersburg, FL 33703</b>		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>Weir, Irene</b>		
6.3 STREET ADDRESS	<b>4121 Moody St.</b>		
6.4 CITY - ST - ZIP	<b>St. Pete Beach FL 33706</b>		

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)