

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90027 015 *****61.25



NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753432

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/22/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2020464	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAIRCLOUGH, RENATE 3850 BELLE VISTA DRIVE EAST ST PETE BEACH, FL 33706				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (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		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FAIRCLOUGH, RENATA			1.2 NAME			
STREET ADDRESS	3850 BELLE VISTA DRIVE EAST			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33706			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOERKEL, ALVIN			2.2 NAME			
STREET ADDRESS	6100-62ND AVE N, #48			2.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33781			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCDEVITT, GWENDOLYN			3.2 NAME			
STREET ADDRESS	2030-34TH AVE N			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33713			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REVELL, 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOTTET, OLIVE			5.2 NAME			
STREET ADDRESS	518 91ST AVE. NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEIR, IRENE			6.2 NAME			
STREET ADDRESS	4121 MOODY ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETE BEACH FL 33706			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Gwendolyn McDevitt 1-15-99 727-896-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)