


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90044 012 \*\*\*\*61.25

**DOCUMENT # 753432**  
 1. Entity Name  
**PINELLAS TAPE LIBRARY FOR THE BLIND, INC.**



Principal Place of Business  
 401 FIFTH STREET NORTH  
 ST. PETERSBURG, FL 33701

Mailing Address  
 401 FIFTH STREET NORTH  
 ST. PETERSBURG, FL 33701

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2020464**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIRCLOUGH, RENATE**  
**3850 BELLE VISTA DRIVE EAST**  
**ST PETE BEACH, FL 33706**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2004**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FAIRCLOUGH, RENATA</b> <b>3850 BELLE VISTA DRIVE EAST</b> <b>ST PETERSBURG, FL 33706</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KOERKEL, ALVIN</b> <b>6100-62ND AVE N, #48</b> <b>PINELLAS PARK, FL 33781</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <del><b>MCDEVITT, GWENDOLYN</b></del> <del><b>2030-34TH AVE N</b></del> <del><b>ST PETERSBURG, FL 33713</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REVILL, JANICE</b> <b>530-28TH AVE N.</b> <b>SAINT PETERSBURG, FL 33704</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOTTET, OLIVE</b> <b>4720 LOCUST STREET NE</b> <b>SAINT PETERSBURG, FL 33703</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>WEIR, IRENE</b></del> <del><b>4121 MOODY ST</b></del> <del><b>ST PETE BEACH, FL 33706</b></del> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Nocella, Angelina</b> <b>3607 Ithaca St. N</b> <b>St. Petersburg, FL 33713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Carol LajdziaK</b> <b>1235 1/2 14th St. N</b> <b>St. Petersburg, FL 33705</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Renate Fairclough* January 13, 2004 727-896-0904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #