


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90343 006 ****61.25

DOCUMENT # 753432

1. Entity Name
PINELLAS TAPE LIBRARY FOR THE BLIND, INC.



Principal Place of Business Mailing Address
401 FIFTH STREET NORTH **401 FIFTH STREET NORTH**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2020464** Applied For

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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*

CR2E037 (10/02)