


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90013 001 ****61.25

DOCUMENT # 756264 1. Entity Name THE PINELLAS BRAILLE GROUP, INC.					
Principal Place of Business 400 PASADENA AVE SOUTH TEMPLE BETH-EL SAINT PETERSBURG, FL 33707				Mailing Address 400 PASADENA AVE SOUTH TEMPLE BETH-EL SAINT PETERSBURG, FL 33707	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2261809				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, WILLIAM P 7733 SEMINOLE MALL SEMINOLE, FL 33542				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECTOR, VILMA		NAME		
STREET ADDRESS	6155 28TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLTZER, ROSEMARY		NAME		
STREET ADDRESS	1200 56 ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FENWICK, HELEN A		NAME		
STREET ADDRESS	5151 ISLA KEY BLVD S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACARO, SUZANNE		NAME		
STREET ADDRESS	9120 41 STREET N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	RS <input checked="" type="checkbox"/> Delete		TITLE	RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTINGLY, MARJORIE		NAME	RYAN, DOLORES	
STREET ADDRESS	6190 80TH STREET N #310		STREET ADDRESS	7902 SAILBOAT KEY BLVD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP	PASADENA, FL 33707	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	✓ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, DOLORES		NAME	CAROLYN RORDERER	
STREET ADDRESS	7902 SAILBOAT KEY BLVD		STREET ADDRESS	7941 58th AVE N. #103	
CITY-ST-ZIP	PASADENA, FL 33707		CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
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: <i>Helen A. Fenwick</i> - HELEN A. FENWICK 1/7/05 727-865-1531					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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