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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:47

DOCUMENT # N10892

(0)

1. Corporation Name

FEED THE PELICAN FUND, INC.

Principal Place of Business

Mailing Address

4597 14TH WAY, N. E.
ATTN: MRS. R. RICHARDSON
ST. PETERSBURG FL 33703

4597 14TH WAY, N. E.
ATTN: MRS. R. RICHARDSON
ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
03/17/1994

4. FEI Number
59-2531922

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, R.(SUSAN) (MRS.)
4597 14TH WAY, N. E.
ST. PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALBERS, H.(DR.)
STREET ADDRESS 1401 4TH ST. N.
CITY - ST - ZIP ST. PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME RICHARDSON, SUSAN M.
STREET ADDRESS 4597 14TH WAY NE
CITY - ST - ZIP ST. PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME KRYPEL, NANCY
STREET ADDRESS 5325 4TH STREET SO.
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD
NAME KEEF, M. (MRS.)
STREET ADDRESS 1473 45TH AVE NE
CITY - ST - ZIP ST. PETERSBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE TD
NAME PETERSON, H. MRS
STREET ADDRESS 338-18 AVE. NE
CITY - ST - ZIP ST. PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME WILLIAMS, DENNIS
STREET ADDRESS 2084 POINT OVERLOOK DR. N.E.
CITY - ST - ZIP ST. PETERSBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Muriel M. Keef - Muriel M. Keef*

Jan 18 - 1995 - 813-526-6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #