

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10892

(0)

1. Corporation Name

FEED THE PELICAN FUND, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2531922

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

Country

Country

30

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 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

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

(NOTE: Registered Agent signature required when appointing)

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

☐ DELETE

1.1 TITLE
1.2 NAME Penny John (Dr.)
1.3 STREET ADDRESS 731 64 Ave
1.4 CITY-ST-ZIP St. Petersburg Beach, Fla. 33706

☐ Change ☒ Addition

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

☐ DELETE

2.1 TITLE
2.2 NAME Penny Anne (Mrs.)
2.3 STREET ADDRESS 781 64 Ave
2.4 CITY-ST-ZIP St. Petersburg Beach, Fla. 33706

☐ Change ☒ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE
5.2 NAME Peterson, H. Mrs.
5.3 STREET ADDRESS 4710 Bay St. NE
5.4 CITY-ST-ZIP St. Petersburg Fla. 33703 #108

☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, DENNIS
STREET ADDRESS 2064 POINT OVERLOOK DR. N.E.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

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

☐ Change ☐ Addition

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 119.07(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

Feb 6 - 1995

(813) 526 6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)