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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33703-5352

3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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 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 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 Ray, Diana (Mrs.)
1.3 STREET ADDRESS 1425 Eden Isle Blvd n.e.
1.4 CITY-ST-ZIP St. Petersburg, Fla. 33703

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

2.1 TITLE Penny J.H. (Dr)
2.2 NAME
2.3 STREET ADDRESS 731 64 ave.
2.4 CITY-ST-ZIP St. Petersburg Beach Fla 33706

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

3.1 TITLE Penny Anne
3.2 NAME
3.3 STREET ADDRESS 731 64 ave.
3.4 CITY-ST-ZIP St. Petersburg Beach Fla 33706

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 4710 BAY ST NE, #108
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-526-6715
Daytime Phone # 0048968

CR2E037 (9/96)