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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2531922

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 **PO** ☐ DELETE
NAME **ALBERS, H.(DR.)**
STREET ADDRESS **1401 4TH ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Shirley Franklin**
1.3 STREET ADDRESS **4230 19th St W**
1.4 CITY-ST-ZIP **St. Petersburg, Fla 33714**

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

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Polly Kimball**
2.3 STREET ADDRESS **4302 33 ave W.**
2.4 CITY-ST-ZIP **St. Petersburg, Fla 33713**

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

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Teri Weinberg**
3.3 STREET ADDRESS **3025 3rd St W**
3.4 CITY-ST-ZIP **St. Petersburg Fla 33704**

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

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Dr. John Penny**
4.3 STREET ADDRESS **731 64 ave**
4.4 CITY-ST-ZIP **St. Petersburg Beach, Fla 33706**

TITLE **D** ☐ DELETE
NAME **RAY, DIANA (**
STREET ADDRESS **1425 EDEN ISLE BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Anne Penny**
5.3 STREET ADDRESS **731 64 ave.**
5.4 CITY-ST-ZIP **St. Petersburg Beach, Fla 33706**

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

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Nancy krypel**
6.3 STREET ADDRESS **5325 4th St So.**
6.4 CITY-ST-ZIP **St. Petersburg, Fla**

14. 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 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

813-526-6715

CR2E037 (10/97)