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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N10892**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/28/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2531922

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐ Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **D Kryppl, Nancy**  
1.3 STREET ADDRESS **5325 4th St. S**  
1.4 CITY-ST-ZIP **St. Petersburg, Fla. 33705**

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **D Kimball, Polly**  
2.3 STREET ADDRESS **4372 33 ave. N.**  
2.4 CITY-ST-ZIP **St. Petersburg, Fla. 33713**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **SHIRLEY FRANKLIN**  
CITY-ST-ZIP **4230 19TH ST W**  
**ST. PETERSBURG FL 33714**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **D Weinberg, Teri**  
3.3 STREET ADDRESS **3625 3rd St. N**  
3.4 CITY-ST-ZIP **St. Petersburg, Fla. 33704**

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **D Penny, John (Dr.)**  
4.3 STREET ADDRESS **731 64 ave.**  
4.4 CITY-ST-ZIP **St. Petersburg Beach, Fla. 33716**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **D Penny, Anne**  
5.3 STREET ADDRESS **731 64 ave.**  
5.4 CITY-ST-ZIP **St. Petersburg Beach, Fla. 33716**

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **D Clites, Tina**  
6.3 STREET ADDRESS **4333 68 ave N.**  
6.4 CITY-ST-ZIP **Pinellas Park, Fla. 33781**

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, with all other like empowered.

SIGNATURE: *Mrs. Susan M. Keef* Jan 5-1999 526-6715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)