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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N23112 (8)

1. Corporation Name

THE PINELLAS CENTER FOR THE VISUALLY IMPAIRED FO UNDATION, INC.

Principal Place of Business	Mailing Address
6925 112 CIR N S103 LARGO FL 34643 US	6925 112 CIR N S103 LARGO FL 33773-5200 US

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24: 33773
Country — 25
Zip — 29: 33773
Country — 30

4. FEI Number: 59-2857561 ☐ 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

HEBDEN, ROBERT
1706 BELLEAIR FORREST DR
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name: Jay Tiffin
82 Street Address (P.O. Box Number is Not Acceptable): 5 DeSoto Place
83
84 City: Belleair **FL** 85 Zip Code: 34616

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: Jay H Tiffin
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	TD	☒ DELETE	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	HEBDEN, ROBERT		1.2 NAME	JAY TIFFIN	
STREET ADDRESS	1706 BELLEAIR FORREST DR		1.3 STREET ADDRESS	5 DeSOTO PLACE	
CITY-ST-ZIP	BELLEAIR FL		1.4 CITY-ST-ZIP	BELLEAIR, FL 34616	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILLETTE, THEODORE N		2.2 NAME		
STREET ADDRESS	7209 BRYAN DAIRY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MOORE, SCOTT		3.2 NAME		
STREET ADDRESS	2111 DREW ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, MURIEL		4.2 NAME		
STREET ADDRESS	225 COUNTRY CLUB		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	GREEN, RICHARD		5.2 NAME		
STREET ADDRESS	1010 DREW ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIPLE, RICHARD		6.2 NAME		
STREET ADDRESS	3 DRUID PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Jay H Tiffin REQUIRED 2/3/97 (813)544-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051775