FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N39884

(4)

PINELLAS SEABIRD REHABILITATION CENTER, INC.

1 111222												
Principal Place of Business			Mailing Address					i didanima dan Pilita dinibi idini can	1 8181 8181) 41	MII ALAIT ASAIL AI	TAT MENT CHAIL	
840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715 840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715-2223)							
								3. Date Incorporated or Qualified 09/07/1990	3a. D	03/11/199	∌ 6	
2. Principal Pl	ace of Business	2a. 26	2a. Mailing Address 26					4. FEI Number 59-3078536	Applied For Not Applicable			
Suite, Apt.	#, etc.	27						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution					
Zıp	Country		Zip		Country			8. This corporation has liability for			. 199.032,	
24	25	29		30				Florida Statutes		₽No		
	9. Name and Address of Cu	rant Hagist	ered Agent		81	Name		10. Name and Address of New I	redisteled	Mant		
FOY (F	-				["							
FOX, LEI	e RD avenue south					Street .	Addre	ess (P.O. Box Number is Not Acceptable)				
	VERDE FL 33715				83							
					64	City			FL	85 Zip (Code	
office or r	to the provisions of Sections 617, egistered agent, or both, in the S m familiar with, and accept the o	tate of Floric	la. Such change was	author	zed hy	the corr	corpo poratio	pration submits this statement for the on's board of directors. I hereby acc	purpose of ept the ap	of changing it pointment as	s registered registered	
SIGNATURE .	Signature, typod or printed name of registere	d argent need title	f applicable (NO	TE Desir	tored Age	ot elecative	s rocultor	d when reinstating)	DATE			
12.		AND DIREC			3.	r a gratore	produite	ADDITIONS/CHANGES TO OF		D DIRECTOR	IS IN 12	
TITLE	PD		☐ DELETE	1.	1 TITLE		T			Change	Addition	
NAME	FOX, LEE			1.	2 NAME	'	1					
STREET ADDRESS	840 THIRD AVENUE SOUT	Ή		1.	3 STREET	ADDRESS						
CITY-ST-ZIP	TIERRA VERDE FL			1.	4 CITY - S	T-ZIP	<u> </u>					
TITLE	D		☐ DELETE	2	1 TITLE		T			Change	Addition	
NAME	CHISM, PATTY			2	2 NAME							
STREET ADDRESS	13923 ICOT BLVD.			2	3 STREET	ADDRESS						
CITY-ST-ZIP	CLEARWATER FL			2.	4 CITY-	ST-ZIP						
THILE	D		☐ DELETE	3.	1 TITLE					Change	Addition	
NAME	TAYLOR, JOHN			3.	2 NAME							
STREET ADDRESS	6143 BAYOU GRANDE BL	VU		•		ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL				4. CITY-	ST-ZIP	ļ			F 1 6:	A Levi-	
TITLE	D DELETE			4.1 TITLE					L. Change	Addition		
NAME	PENNY, JACK D				2 NAME							
STREET ADDRESS	731 64TH AVE.	EI				ADDRESS	1			•		
CITY-ST-ZIP	ST. PETERSBURG BEACH	<u>rl</u>	DELETE	_	4 CITY-S	T · ZIP	 			Change	Addition	
TITLE			☐ bereig		.1 TITLE					LI Change	TT MODITION	
NAME					.2 NAME	1000				•		
STREET ADDRESS						ADDRESS		•	•			
CITY-ST-ZIP			☐ DELETE		4 CITY-S	i - ZIP	-			Change	Addition	
TITLE			□ occus		1 TITLE		1				- Novilion	
NAME				, p	.2 NAME		1			100		

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 ghanged, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione # 0051113

FILED

Feb 04 1997 8:00am

Secretary of State