

2-23-98 B-2423 C
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FILED
 Feb 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N39884 (4)
 1. Corporation Name
 PINELLAS SEABIRD REHABILITATION CENTER, INC.



Principal Place of Business: 840 THIRD AVENUE SOUTH, TIERRA VERDE FL 33715
 Mailing Address: 840 THIRD AVENUE SOUTH, TIERRA VERDE FL 33715

3. Date Incorporated or Qualified: 09/07/1990
 4. FEI Number: 59-3078536
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 FOX, LEE
 840 THIRD AVENUE SOUTH
 TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent
 81 Name: Lee Fox
 82 Street Address (P.O. Box Number is Not Acceptable): 840 3rd Ave S.
 83
 84 City: Tierra Verde FL 85 Zip Code: 33715

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: Lee Fox, Ex Director, DATE: 2/16/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOX, LEE	
STREET ADDRESS	840 THIRD AVENUE SOUTH	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHISM, PATTY	
STREET ADDRESS	13923 ICOT BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JOHN	
STREET ADDRESS	6143 BAYOU GRANDE BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENNY, JACK D	
STREET ADDRESS	731 64TH AVE.	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	Marcy Castro D.	<input type="checkbox"/> DELETE
NAME	Temporary address	
STREET ADDRESS	1505 Bn. Colonial Terr.	
CITY-ST-ZIP	Arlington Va. 22209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Lee Fox, DATE: 2/16/98, ID: 813-864-0679

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