

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 20 AM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **730754** (9)

1. Corporation Name

**VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,  
INCORPORATED**

Principal Place of Business

Mailing Address

35 W. MARIANA AVENUE  
P.O. BOX 4026  
N FT. MYERS FL 33918

35 W. MARIANA AVENUE  
P.O. BOX 4026  
N FT. MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/23/1974**

3a. Date of Last Report  
**02/08/1994**

4. FEI Number  
**59-1665257**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **P O Box 3464**

26 **P O Box 3464**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANE, GEORGE C.  
16900 SLATER RD., LOT 157  
N. FORT MYERS FL 33903

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 607.0502 and 607.1508, 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 607.0505, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
SMITH, VIRGINIA  
8395 SEVIGNY DRIVE  
NORTH FT. MYERS FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
BENNINGHOF, WILLIAM  
1634 COUNTRY CLUB BLVD  
CAPE CORAL FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
CURTICE, MADLYN  
5471 CAPBERN CT  
FT MYERS FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
THORPE, DOROTHY  
2264 WINKLER AVE, APT 104  
FT MYERS FL**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
FOX, ALLAN  
2450 IVY AVE  
FT. MYERS FL**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
BOWER, WES  
5701 LONGLEAF DR  
NORTH FT MYERS FL**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

**S  
Margaret Taylor  
1715 Golf Club Drive  
North Fort Myers, FL 33903**

**VP  
Alice Zupko  
5886 Guest Court  
North Fort Myers, FL 33903**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Virginia G. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VIRGINIA G. SMITH**

4/4/95

813-997-7777