

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730754 (9)

1. Corporation Name

VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA,
INCORPORATED

Principal Place of Business

P.O. BOX 3464
N FT. MYERS FL 33918

Mailing Address

P.O. BOX 3464
N FT. MYERS FL 33918-34643. Date Incorporated or Qualified
09/23/19743a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1665257

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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 T
NAME SMITH, VIRGINIA
STREET ADDRESS 8395 SEVIGNY DRIVE
CITY-ST-ZIP NORTH FT. MYERS FL ☐ DELETE1.1 TITLE Director
1.2 NAME Strommen, Kay
1.3 STREET ADDRESS 1560 Colonial Blvd.
1.4 CITY-ST-ZIP Fort Myers, FL ☐ Change ☒ AdditionTITLE D
NAME BENNINGHOF, WILLIAM
STREET ADDRESS 1634 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE2.1 TITLE Director
2.2 NAME Christopher Cochran
2.3 STREET ADDRESS 39071 Little Farm Road
2.4 CITY-ST-ZIP Punta Gorda, FL 33955 ☐ Change ☒ AdditionTITLE D P
NAME GREEN, THOMAS
STREET ADDRESS 15700 BAHAMA WAY
CITY-ST-ZIP BOKEELIA FL ☐ DELETE3.1 TITLE President
3.2 NAME Green, Thomas
3.3 STREET ADDRESS 15700 Bahama Way
3.4 CITY-ST-ZIP Bokeelia, FL ☒ Change ☐ AdditionTITLE VP
NAME THORPE, DOROTHY
STREET ADDRESS 2284 WINKLER AVE, APT 104
CITY-ST-ZIP FT MYERS FL ☒ DELETE4.1 TITLE Vice President
4.2 NAME John Allen
4.3 STREET ADDRESS 4460 Greenwood Avenue
4.4 CITY-ST-ZIP Fort Myers, FL 33916 ☐ Change ☒ AdditionTITLE S
NAME TAYLOR MARGARET,
STREET ADDRESS 1715 GOLF CLUB DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE V
NAME ZUPKO, ALICE
STREET ADDRESS 5886 GUEST COURT
CITY-ST-ZIP NORTH FT MYERS FL 33903 ☒ DELETE6.1 TITLE Director
6.2 NAME Anna Marie Scheidl
6.3 STREET ADDRESS 19621-46 North Tamiami Trail
6.4 CITY-ST-ZIP North Fort Myers, FL 33903 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

941-997-7797

Daytime Phone # 0086935

CFR2037 (9/96)