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FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730754** (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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N FT. MYERS FL 33918

3. Date Incorporated or Qualified

**09/23/1974**

4. FEI Number

**59-1665257**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

T  
NAME SMITH, VIRGINIA  
STREET ADDRESS 8395 SEVIGNY DRIVE  
CITY-ST-ZIP NORTH FT. MYERS FL

D  
NAME COCHRAN, CHRISTOPHER  
STREET ADDRESS 39971 LITTLE FARM ROAD  
CITY-ST-ZIP PUNTA GORDA FL

PD  
NAME GREEN, THOMAS  
STREET ADDRESS 15700 BAHAMA WAY  
CITY-ST-ZIP BOKEELIA FL

V  
NAME ALLEN, JOHN  
STREET ADDRESS 4460 GREENWOOD AVE.  
CITY-ST-ZIP FORT MYERS FL

S  
NAME TAYLOR MARGARET,  
STREET ADDRESS 1715 GOLF CLUB DRIVE  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

D  
NAME SCHEIDL, ANNA MARIE  
STREET ADDRESS 19621-46 NO TAMiami TRAIL  
CITY-ST-ZIP NO FORT MYERS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

*[Handwritten Signature]*

1-27-98 941-543-8577

CR2E037 (10/97)