

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 030 ****61.25

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DOCUMENT # 730754

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

09/23/1974

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME DIRECTOR
3.3 STREET ADDRESS THORNTON, JOYCE
3.4 CITY-ST-ZIP 5883 WYLDWOOD LAKES COURT
FORT MYERS, FL 33919

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)