NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730754 04-05-2004 90028 049 ****61.25 1. Entity Name Visually Impaired Persons of Southwest Florida, Incorporated 54027052 DO NOT WRITE IN THIS SPACE Principal Place of Business 2. Principal Place of business 35 W. Mariana Avenue Malling Address P O Box 3464 Suite, Apt. #, etc. Suite. Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1665257 Fort Myers, FL N. Fort Myers, Not Applicable USA Try Country \$8.75 Additional 33903 5. Certificate of Status Desired 33918-3464 USA Fee Required 7. Name and Address of Current Registered Agent Nancy A. McGuire DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
1040 SE 4th Street IN THIS SPACE ^ℤ₩£%%0 Cape Coral The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. Make Check Payable to 9. Election Campaign Financing FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. President Board of Director Nancy A. McGuire CR2E037B (12/02 HITLE THILE NAME NAME 1040 SE 4th Street Cape Coral, FL 33990 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ince de 1VPD Rob Sweeney 4210 Halton Rogers Lane #15 NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP N. Fort Myers, FL 33903 TITLE 2VPD Ken Maynard 13691 Willow Bridge Drive NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP N. Fort Myers, FL 33907 CITY ST-ZIP Secretary រាជន 🔭 😘 IN THIS SPACE Marian Geiger MAME MALAF 1386 Burtwood Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33901 inic 🤭, TITLE Treasurer Margie Hinklein NAME NAME STREET ADDRESS 1606-A SE 28th Terrace STREET ADDRESS

12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

City-ST-ZIP >

THLE NAME

CHY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Cape Coral, FL 33904

Director-at-large #1

Fort Myers, FL 33905

5558 Palm Beach Blvd. #268

Gerry Lamoureux

SIGNATURE: Many A. Mityuw	President,	Board	of Directors	3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

FILED Apr 05, 2004 8:00 am Secretary of State