



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90029 026 \*\*\*\*70.00

<b>DOCUMENT # 730754</b> 1. Entity Name <b>VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>35 WEST MARIANA AVENUE NORTH FORT MYERS, FL 33903</b>			Mailing Address <b>P.O. BOX 3464 N. FT. MYERS, FL 33918-3464</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-1665257</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FOWLER, DOUGLAS 3357 CYPRESS LEGENDS CIRCLE #1423 FT. MYERS, FL 33905</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAVIS, ROBERTALEE MRS. 3472 CELESTIAL WAY NORTH FT. MYERS, FL 33903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONRAD, DEBORAH MRS. 1824 SW 2ND PLACE CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP MAYNARD, KENNETH MR. 13691 WILLOW BRIDGE DRIVE N FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONNER, FREDDIE MS 204 COACH LANE NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP SWEENEY, BOB MR. 4210 HATTON ROGERS LANE #15 NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED MCGRAEL, MICHAEL L MR 19505 QUESADA AVE, KK-103 PORT CHARLOTTE, FL 33948</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED Douglas Fowler 3357 Cypress Legends Circle #1423 Fort Myers, FL 33905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>3/18/08</b> <b>239-997-7797</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					