

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730754

FILED
Mar 04, 2009
Secretary of State

Entity Name: VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA, INCORPORATED

Current Principal Place of Business:

35 WEST MARIANA AVENUE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3464
N. FT. MYERS, FL 339183464

New Mailing Address:

FEI Number: 59-1665257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, DOUGLAS
3357 CYPRESS LEGENDS CIRCLE
#1423
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

FOWLER, DOUGLAS
3357 CYPRESS LEGENDS CIRCLE
#1431
FT. MYERS, FL 33905 US

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.

SIGNATURE:

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DAVIS, ROBERTALEE MRS.
Address: 3472 CELESTIAL WAY
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: P () Delete
Name: CONRAD, DEBORAH MRS.
Address: 1824 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: 1VP () Delete
Name: CRYSLER, BILL
Address: 14990 VISTA VIEW WAY 102
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: CONNER, FREDDIE MS
Address: 204 COACH LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: 2VP () Delete
Name: SWEENEY, BOB MR.
Address: 4210 HATTON ROGERS LANE #15
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ED () Delete
Name: FOWLER, DOUGLAS
Address: 3357 CYPRESS LEGENDS CIR 1423
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMOUREUX, GERALD
Address: 5558 PALM BEACH BLVD. #268
City-St-Zip: NORTH FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: VANPELT, FREDA
Address: 4250 HATTON ROGERS LANE #101
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: HINKLEIN, MARGIE
Address: 1606-A SE 28TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS FOWLER

ED

03/04/2009

Electronic Signature of Signing Officer or Director

Date