

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 24, 2009
Secretary of State

DOCUMENT# 730754

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 ()****Name and Address of Current Registered Agent:**FOWLER, DOUGLAS
3357 CYPRESS LEGENDS CIRCLE
#1431
FT. MYERS, FL 33905 US**Name and Address of New Registered Agent:**

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: _____

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONRAD, DEBORAH MRS.
Address: 4423 SE 14TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: CRYSLER, WILLIAM MR
Address: 14990 VISTA VIEW WAY #102
City-St-Zip: FORT MYERS, FL 33919

Title: SEC (X) Change () Addition
Name: SPILLMAN-JABLONSKI, KELLY MRS
Address: 15034 N. PEBBLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: TREA (X) Change () Addition
Name: HANSON, THOMAS
Address: 775 IMPERIAL DRIVE
City-St-Zip: NORTH PORT, FL 34287

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

Title: DIR (X) Change () Addition
Name: DAVIS, ROBERTALEE MRS
Address: 3472 CELESTIAL WAY
City-St-Zip: NORTH FORT MYERS, FL 33903

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

DIR

11/24/2009

Electronic Signature of Signing Officer or Director

Date