## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 730754** 

FILED Jan 25, 2011 Secretary of State

Entity Name: VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

35 WEST MARIANA AVENUE NORTH FORT MYERS, FL 33903

Current Mailing Address: New Mailing Address:

P.O. BOX 3464

N. FT. MYERS, FL 339183464

FEI Number: 59-1665257 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOWLER, DOUGLAS
3357 CYPRESS LEGENDS CIRCLE
#1431

FOWLER, DOUGLAS
5809-2 NEW FOUNDLAND CIRCLE
FT. MYERS, FL 33907 US

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: 01/25/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: CONRAD, DEBORAH MRS. Address: 4423 SE 14TH PLACE City-St-Zip: CAPE CORAL, FL 33914

Title: VP

Name: CONNELL, EVAN MR
Address: 9962 VIA SAN MARCO LOOP
City-St-Zip: FORT MYERS, FL 33905

Title: SEC

Name: CABO SELLERS, CYNTHIA MRS Address: 40121 LITTLE FARM RD City-St-Zip: PUNTA GORDA, FL 33982

Title: DIR

Name: SMITH, MD, STEPHEN E Address: 4224 EVANS AVENUE City-St-Zip: FORT MYERS, FL 33901

Title: DIR

Name: DAVIS, ROBERTALEE MRS Address: 3472 CELESTIAL WAY

City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS FOWLER E.D. 01/25/2011