

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90035 003 ****70.00

DOCUMENT # 730754
1. Entity Name
VISUALLY IMPAIRED PERSONS OF SOUTHWEST FLORIDA, INCORPORATED

Principal Place of Business: **35 WEST MARIANA AVENUE NORTH FORT MYERS FL 33903**
Mailing Address: **P.O. BOX 3464 N. FT. MYERS FL 33918-3464**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1665257** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KING, TERRY N
24243 PIRATE HARBOR BLVD.
PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: SMITH, VIRGINIA STREET ADDRESS: 8395 SEVIGNY DRIVE CITY-ST-ZIP: NORTH FT. MYERS FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: THORTON, JOYCE STREET ADDRESS: 5883 WYLDWOOD LAKE S COURT CITY-ST-ZIP: FORT MYERS FL 33-9196	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: ZUPKO, ALICE STREET ADDRESS: 5883 GUEST COURT CITY-ST-ZIP: FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Sweeney, Robert STREET ADDRESS: 4210 Halton Rogers Lane, #15 CITY-ST-ZIP: North Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: KILGORE, LOIS A STREET ADDRESS: 3101 S.E. 10TH PLACE CITY-ST-ZIP: CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: McGuire, Nancy STREET ADDRESS: 1040 S.E. 4th Street CITY-ST-ZIP: Cape Coral, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: KING, TERRY N STREET ADDRESS: 24243 PIRATE HARBOR BLVD. CITY-ST-ZIP: PUNTA GORDA FL 33955	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: SCHEIDL, ANNA MARIE STREET ADDRESS: 19621-46 NO TAMAMI TRAIL CITY-ST-ZIP: NO FORT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Geiger, Marian STREET ADDRESS: 1386 Burtwood Drive CITY-ST-ZIP: Fort Myers, FL 33901	<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 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 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.

SIGNATURE: **Virginia G. Smith** SIGNATURE REQUIRED *[Signature]* **1/14/03** **997-7797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)