

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39412 (4)

1. Corporation Name

HEARING IMPAIRED PERSONS OF CHARLOTTE COUNTY FLO
RIDA, INC.



Principal Place of Business

SUNNYDELL PLAZA #200
3596 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

SUNNYDELL PLAZA #200
3596 TAMiami TRAIL
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
08/08/1990

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0215532

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, KENNETH J
215 RIO VILLA DR #3340
PUNTA GORDA FL 33950-4449

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WALL, JIM
25551 BANFF LANE
PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
LEWIS, J. KENNETH
215 RIO VILLA DR #3340
PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUHE, JOY A
409 BECHE AVE NE
PORT CHARLOTTE FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PREWITT, SYBIL
30475 CEDAR ROAD
PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HURD, BETTY
452 CLIFFORD STREET
PORT CHARLOTTE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SISSON, LOUISE
722 ASTER AVENUE
PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
PD
Nancy Schaible
3527 Blue Jay Drive
Punta Gorda, FL 33950

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
000001746480
-03/18/96--01032--017
***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Kenneth Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

(441) 743-8347

CR2E037 (12/95)