



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90361 002 \*\*\*\*70.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N39412</b><br>1. Entity Name<br><b>HEARING IMPAIRED PERSONS OF CHARLOTTE COUNTY FLORIDA, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>25250 SANDHILL BLVD<br/>PUNTA GORDA, FL 33983 US</b>  |  |   | Mailing Address<br><b>25250 SANDHILL BLVD<br/>PUNTA GORDA, FL 33983 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  | 4. FEI Number<br><b>65-0215532</b>  |  |
| Zip   |  | Country   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GAUT, KIM<br/>729 HALEYBURY ST<br/>PORT CHARLOTTE, FL 33948</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>WRIGHT, VELMA</b><br><b>3139 IVERSON ST</b><br><b>PORT CHARLOTTE, FL 33952</b>        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>M</b><br><b>Kim Gaut</b><br><b>729 Haleybury St.</b><br><b>Port Charlotte, FL 33948</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>PIMENTEL, ALBERT</b><br><b>10429A WINCHESTER CT</b><br><b>FORT MYERS, FL 33908</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VD</b><br><b>HOLBACH, BONNIE</b><br><b>1041 FLEETWOOD DR</b><br><b>PORT CHARLOTTE, FL 33948</b>   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>VD</b><br><b>Ann Bleuer</b><br><b>1000 Kings Highway #28</b><br><b>Port Charlotte, FL 33980</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br><b>PETERSEN, NANNETTE</b><br><b>41215 DUREVE AVE</b><br><b>NORTH PORT, FL 34286</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD</b><br><b>KELLEY, JAMES</b><br><b>432 HALLCREST TERRACE</b><br><b>PORT CHARLOTTE, FL 33954</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>LARKIN, MARILYN AUD</b><br><b>3829 BERMUDA CT.</b><br><b>PUNTA GORDA, FL 33950</b>    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>    |  |   | <b>Kim Gaut</b>  |   | <b>4-23-08</b>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date</small>  |   | <b>941-743-8347</b><br><small>Daytime Phone #</small>                        |

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