

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730754

FILED
Apr 25, 2005
Secretary of State

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:

MCGUIRE, NANCY
1040 SE 4TH ST
CAPE CORAL, FL 33990 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: SMITH, VIRGINIA,
Address: 8395 SEVIGNY DRIVE
City-St-Zip: NORTH FT. MYERS, FL

Title: 1VPD () Delete
Name: THORTON, JOYCE
Address: 5883 WYLDWOOD LAKE S COURT
City-St-Zip: FORT MYERS, FL 339196

Title: 2VP () Delete
Name: SWEENEY, ROBERT
Address: 4210 HALTON ROGERS LN #15
City-St-Zip: N FORT MYERS, FL 33903

Title: S () Delete
Name: MCGUIRE, NANCY
Address: 1040 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: P () Delete
Name: KING, TERRY N
Address: 24243 PIRATE HARBOR BLVD.
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Delete
Name: GEIGER, MARIAN
Address: 1386 BURTWOOD DR
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1VPD (X) Change () Addition
Name: CONRAD, DEBORAH MRS.
Address: 1824 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: 2VP (X) Change () Addition
Name: MAYNARD, KENNETH MR.
Address: 13691 WILLOW BRIDGE DRIVE
City-St-Zip: N FORT MYERS, FL 33907

Title: S (X) Change () Addition
Name: GEIGER, MARIAN MRS.
Address: 1386 BURTWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: P (X) Change () Addition
Name: MCGUIRE, NANCY MS.
Address: 1040 SE 4TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY MCGUIRE

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date