2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# 730754

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 (X)**

Name and Address of Current Registered Agent:

CONRAD, DEBORAH
1824 SW 2ND PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

MCGRAEL, MICHAEL L MR
19505 QUESADA AVE
KK-103
PORT CHARLOTTE, FL 33948 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: MICHAEL L MCGRAEL 02/22/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: P ( ) Delete
Name: CONRAD, DEBORAH MRS.
Address: 1824 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: 1VP ( ) Delete
Name: MAYNARD, KENNETH MR.
Address: 13691 WILLOW BRIDGE DRIVE
City-St-Zip: N FORT MYERS, FL 33907

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

Title: 2VP ( ) Delete
Name: SWEENEY, BOB MR.
Address: 4210 HATTON ROGERS LANE #15
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change ( ) Addition
Name: CONNER, FREDDIE MS
Address: 204 COACH LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

Title: ED ( ) Change (X) Addition
Name: MCGRAEL, MICHAEL L MR
Address: 19505 QUESADA AVE, KK-103
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL L MCGRAEL ED 02/22/2007
Electronic Signature of Signing Officer or Director Date