

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730754

FILED
Mar 08, 2010
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:

FOWLER, DOUGLAS
3357 CYPRESS LEGENDS CIRCLE
#1431
FT. MYERS, FL 33905 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: P
Name: CONRAD, DEBORAH MRS.
Address: 4423 SE 14TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP
Name: CRYSLER, WILLIAM MR
Address: 14990 VISTA VIEW WAY #102
City-St-Zip: FORT MYERS, FL 33919

Title: SEC
Name: SPILLMAN-JABLONSKI, KELLY MRS
Address: 15034 N. PEBBLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: TREA
Name: HANSON, THOMAS MR
Address: 775 IMPERIAL DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: DIR
Name: VANPELT, FREDA MS
Address: 4250 HATTON ROGERS LANE #101
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DIR
Name: DAVIS, ROBERTALEE MRS
Address: 3472 CELESTIAL WAY
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS FOWLER

MR.

03/08/2010

Electronic Signature of Signing Officer or Director

Date