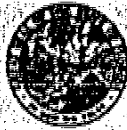


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

3/23/95 B-2554 MC
APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAR 23 PM 12: 52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N19597 (6)
 1. Corporation Name
VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, FLORIDA, INC.

Principal Place of Business Mailing Address
 23312-HARPER AVE. 23312-HARPER AVE.
 CHARLOTTE HARBOR FL 33990 CHARLOTTE HARBOR FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1987 3a. Date of Last Report 01/25/1994
 4. FEI Number 59-2857089 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
GILMORE, V. SHIRLEY
21285 PEMBERTON AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LAUNGER, CLARA
STREET ADDRESS	201 WATERWAY CIRCLE AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	SD
NAME	MOORE, CLINTON
STREET ADDRESS	860 TROY AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	BELL, VITA
STREET ADDRESS	322-FELTON ST.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	LESLIE, ROBERT
STREET ADDRESS	280 MENDEL TERR.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	GILMORE, SHIRLEY
STREET ADDRESS	21285 PEMBERTON AVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	MEERSMANN, ALBERT
STREET ADDRESS	2447 ACHILLES STREET
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BD. OF DIR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES MADDELL	
1.3 STREET ADDRESS	1219 Joplin Ave.	
1.4 CITY-ST-ZIP	Port Charlotte, FL. 33948	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Bd. of Directors	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lawrence Matson	
5.3 STREET ADDRESS	20106 Dante St.	
5.4 CITY-ST-ZIP	Port Charlotte, FL. 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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 registered agent or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: *V. Shirley Gilmore* March 20, 1995 625-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #