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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, F LORIDA, INC.

Principal Place of Business Mailing Address 23312-HARPER AVE. 23312-HARPER AVE. CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1987 03/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2857089 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GILMORE, V. SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 82 21285 PEMBERTON AVE. 83 PORT CHARLOTTE FL 33952 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes. APRIL 29, 1996 Ulmara (NOTE: Registered Agent signature required when reinstating) CR2E037 (12/95) 12 FFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE XX Change CD Addition Addition NAME WADDELL, JAMES 1.2 NAME MOORE, CLINTON STREET ADDRESS 1219 JOPLIN AVE 23098 TROY AVE. 1.3 STREET ADDRESS PORT_CHARLOTTE, FL. 33980 PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE SD 21 TITLE Sn NAME MOORE, CLINTON 2.2 NAME BLAIR, JOHN STREET ADDRESS 860 TROY AVE. 23 STREET ADDRESS 1780 Deborah Dr. #28 **PORT CHARLOTTE FL** CITY-ST-7IP 2 4 CITY - ST - ZIP PUNTA GORDA, FL.33950 TITLE n DELETE 3 1 TITLE X Addition NAME **BELL, VITA** 3 2 NAME TRAVIS, MARTIN STREET ADORESS 322-FELTON ST. 3 3 STREET ADDRESS 1508 Hayworth Rd. PORT CHARLOTTE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 3395 Change TITLE DELETE 4.1 TITLE NAME LESLIE, ROBERT 4. 2 NAME WILLIAMS, MARY 4446 Shady Lane STREET ADDRESS 280 MENTEL TERR. 4.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL PORT CHARLOTTE, FL. 33980 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Addition NAME MATSON, LAWRENCE 52 NAME WIENCKO, HENRY STREET ADDRESS 20106 DANTE ST 53 STREET ADDRESS 23315 LEHIGH AVE. PORT CHARLOTTE, FL. 33954 Change X Addition CITY-ST-ZIP PORT CHARLOTTE FL 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME MEERSMANN, ALBERT 6 2 NAME 63 STREET ADDRESS LUDGATE JOSEPH 126 PERCY AVE. STREET ADDRESS 2447 ACHILLES STREET PORT CHARLOTTE FL PORT CHARLOTTE. 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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MONING OFFICER OR DIRECTOR

___April 29,1996

743-5927

Daytime Phone #