

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19597 (6)

1. Corporation Name
VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, FLORIDA, INC.

Principal Place of Business 23312 HARPER AVE. CHARLOTTE HARBOR FL 33980	Mailing Address 23312 HARPER AVE. CHARLOTTE HARBOR FL 33980-2914
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/09/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2857089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CLINTON	1.2 NAME	HANLON, BERNIE
STREET ADDRESS	23098 TROY AVE	1.3 STREET ADDRESS	2305-PELLAM BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR, JOHN	2.2 NAME	LUPPE, EDWARD
STREET ADDRESS	1780 DEBORAH DR #28	2.3 STREET ADDRESS	21280-BRINSON AVE. APT.#113
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, VITA	3.2 NAME	TRAVIS, MARTY
STREET ADDRESS	322-FELTON ST.	3.3 STREET ADDRESS	1508-HAYWORTH RD.
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESUE, ROBERT	4.2 NAME	WILLIAMS, MARY
STREET ADDRESS	280 MENTEL TERR.	4.3 STREET ADDRESS	4446 SHADY LANE
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	CHARLOTTE HARBOR, FL. 33980
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATSON, LAWRENCE	5.2 NAME	WIENCKO, HENRY N/A
STREET ADDRESS	20106 DANTE ST	5.3 STREET ADDRESS	P.O. BOX 4075
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33949
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEERSMANN, ALBERT	6.2 NAME	LUDGATE, JOSEPH
STREET ADDRESS	2447 ACHILLES STREET	6.3 STREET ADDRESS	21274 PERCY AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

APRIL 30 1997

CP2E037 (9/96)