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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19597

1. Corporation Name

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

Principal Place of Business

23312-HARPER AVE.
CHARLOTTE HARBOR FL 33980

Mailing Address

23312-HARPER AVE.
CHARLOTTE HARBOR FL 33980



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/09/1987

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD DELETE
NAME MOORE, CLINTON
STREET ADDRESS 23098 TROY AVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD DELETE
NAME HALON, BERNIE
STREET ADDRESS 2305-PELLAM BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D DELETE
NAME LUPPE, EDWARD
STREET ADDRESS 21280-BRINSON AVE, APT 113
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D DELETE
NAME LESLIE, ROBERT
STREET ADDRESS 3006 CARING WAY
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D DELETE
NAME MATSON, LAWRENCE
STREET ADDRESS 20106 DANTE ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D DELETE
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 Change Addition
1.2 NAME EX. DIR.
1.3 STREET ADDRESS V. SHIRLEY GILMORE
1.4 CITY-ST-ZIP 21285-Pemberton Ave.
Port Charlotte, Fl.

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Virginia Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1999

Date

Daytime Phone #

0062334

CR2E037 (4/1/98)