


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90033 041 \*\*\*\*61.25

<b>DOCUMENT # N19597</b> 1. Entity Name <b>VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, FLORIDA, INC.</b>	
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Principal Place of Business 23312 HARPER AVE. CHARLOTTE HARBOR FL 33980 US	Mailing Address 23312 HARPER AVE. CHARLOTTE HARBOR FL 33980 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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XXXXXXXXXX



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2857089</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>GILMORE, V. SHIRLEY</b> <b>21285 PEMBERTON AVE.</b> <b>PORT CHARLOTTE FL 33952</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b></span> Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Shirley Gilmore* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	CD MOORE, CLINTON <input type="checkbox"/> Delete
NAME	23098 TROY AVE
STREET ADDRESS	PORT CHARLOTTE FL
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete
NAME	BERGMAN, PAM
STREET ADDRESS	1436 BLUE JAY CT.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	T <input type="checkbox"/> Delete
NAME	DARLINGTON, DONALD
STREET ADDRESS	251 E TARPON BLVD
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D <input type="checkbox"/> Delete
NAME	MCGINNESS, ROBERT
STREET ADDRESS	21405 OCEAN BLVD., UNIT 426
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KRYNSKI, THELMA J
STREET ADDRESS	4219 BUCKINGHAM WAY
CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	EXD <input type="checkbox"/> Delete
NAME	GILMORE, VIRGINIA S
STREET ADDRESS	21285-PENBERTON AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D RUTH RINEBOLD
STREET ADDRESS	2275 AARON ST. APT. 102
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *V Shirley Gilmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR