

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19597

FILED
Feb 14, 2008
Secretary of State

Entity Name: VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

22107 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

22107 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2857089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, V. SHIRLEY
21285 PEMBERTON AVE.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BERGMAN, PAM
Address: 1436 BLUE JAY CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VC () Delete
Name: PELK, JOHN
Address: 2387 PRAGUE LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: DARLINGTON, DONALD
Address: 9550 EASY ST., #111
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: MANNING, JOHN
Address: 20128 TAPPEN ZEE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: RINEBOLD, RUTH
Address: 2275 AARON ST. APT. 103
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: EXD () Delete
Name: GILMORE, VIRGINIA S
Address: 21205 PEMBERTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA S. GILMORE

EXD

02/14/2008

Electronic Signature of Signing Officer or Director

Date