2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19597

FILED Feb 17, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

22107 ELMIRA BLVD

PORT CHARLOTTE, FL 33952 US

Current Mailing Address: New Mailing Address:

22107 ELMIRA BLVD

PORT CHARLOTTE, FL 33952 US

FEI Number: 59-2857089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILMORE, V. SHIRLEY 21285 PEMBERTON AVE.

PORT CHARLOTTE, FL 33952 US

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

 Name:
 BERGMAN, PAM

 Address:
 1436 BLUE JAY CT.

 City-St-Zip:
 PUNTA GORDA, FL 33950

Title: VC

Name: HERUM, JANE

Address: 25188 E. MARION AVE. #A305 City-St-Zip: PUNTA GORDA, FL 33950

Title:

Name: DECKER, PEGGY
Address: 24100 VETERANS BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title:

Name: MANNING, JOHN

Address: 20128 TAPPEN ZEE DRIVE City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

 Name:
 PLUCKTER, JUDY

 Address:
 1342 KINDEL COURT

 City-St-Zip:
 PUNTA GORDA, FL 33983

Title: EXD

 Name:
 GILMORE, VIRGINIA S

 Address:
 21205 PEMBERTON AVE

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: V. SHIRLEY GILMORE EXD 02/17/2010