

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19597

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

3459 DEPEW AVENUE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3459 DEPEW AVENUE
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2857089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBIN, CLAUDIA K
24035 MADACA LLANE
APT. # 104
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

FICO, PAM
2089 NUREMBERG BLVD
PUNTA GORDA, FL 33983 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: PAM FICO

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BC
Name: CARLEY, BARBARA
Address: 14870 TAMIAMI TRAIL SUITE A-202
City-St-Zip: NORTH PORT, FL 34287 US

Title: VC
Name: BEUER, LARRY
Address: 1809 NW 27TH STREET
City-St-Zip: CAPE CORAL, FL 33993 US

Title: EXD
Name: FICO, PAM
Address: 2089 NUREMBERG BLVD
City-St-Zip: PUNTA GORDA, FL 33983 US

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: PAM FICO

EXD

01/05/2012

Electronic Signature of Signing Officer or Director

Date