


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90191 002 \*\*\*\*70.00

00017643



<b>DOCUMENT # N39412</b>			
1. Entity Name HEARING IMPAIRED PERSONS OF CHARLOTTE COUNTY FLORIDA, INC.			
Principal Place of Business 24901 SANDHILL BLVD SUITE 8 PORT CHARLOTTE, FL 33983 US		Mailing Address 24901 SANDHILL BLVD SUITE 8 PORT CHARLOTTE, FL 33983 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052006		Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0215532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOYER, CAROL 23201 MCCANDLESS AVE PORT CHARLOTTE, FL 33980		Name <u>GAUT, Kim</u> Street Address (P.O. Box Number is Not Acceptable) <u>729 HALEYBURY ST.</u> City <u>PORT CHARLOTTE</u> FL <u>33948</u>	
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 <u>Kim Gaut Executive Director</u>		DATE <u>4-24-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENSTEEL, GRANT JR. 34031 WASHINGTON LOOP RD. PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, VELMA 3139 IVERSON ST. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REPLINGER, JEAN 3091 DAFFODIL TERR HARBOUR HEIGHTS, FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIMENTEL, AL 10429 WINCHESTER CT. FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBACH, DONNIE 1041 FLEETWOOD DR PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLBACH, BONNIE 1041 FLEETWOOD DR. PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, RALPH 28038 CLEVELAND AVE. PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POHLMAYER, NELLIE 1720 PICCADILLY CIRCLE PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOOD, RANDY 1447 WASSAIL LN PT CHARLOTTE, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KIM GAUT 729 HALEYBURY ST. PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, MARILYN AUD 3829 BERMUDA CT. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Kim Gaut</u>		DATE <u>4-24-06</u> DAYTIME PHONE # <u>941-743-8347</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			