


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90056 020 ****70.00

DOCUMENT # N39412 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 - No P.O. Box # 25250 SANDHILL BLVD		3. Mailing Address 25250 SANDHILL BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL		4. FEI Number 65-0215532	
Zip 33983		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUT, KIM 729 HALEYBURY ST PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D WRIGHT, VELMA 3139 IVERSON ST PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIMENTEL, AL 10429A WINCHESTER CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D PIMENTEL, ALBERT 10429 WINCHESTER CT. FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALBACH, BONNIE 1041 FLEETWOOD DR PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D 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 POHLMAYER, NELLIE 1720 PICCADILLY CIR PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PETERSEN, NANETTE D.O. 41215 DUREVE AVE. NORTH PORT, FL 34286 <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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KELLEY, JAMES 432 HALLCREST TERRACE PORT CHARLOTTE, FL 33954 <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	D LARKIN, MARILYN Au.D. 3829 BERMUDA CT. PUNTA GORDA, FL 33950 <input checked="" 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>Albert Pimentel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/14/07</u> Daytime Phone #	