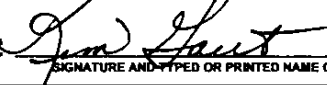


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90361 002 ****70.00

DOCUMENT # N39412 1. Entity Name HEARING IMPAIRED PERSONS OF CHARLOTTE COUNTY FLORIDA, INC.					
Principal Place of Business 25250 SANDHILL BLVD PUNTA GORDA, FL 33983 US			Mailing Address 25250 SANDHILL BLVD PUNTA GORDA, FL 33983 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0215532	
Zip		Country		5. Certificate of Status Desired ☒ \$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 FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Kim Gaut 729 Haleybury St. Port Charlotte, FL 33948	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIMENTEL, ALBERT 10429A WINCHESTER CT FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLBACH, BONNIE 1041 FLEETWOOD DR PORT CHARLOTTE, FL 33948	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ann Bleuer 1000 Kings Highway #28 Port Charlotte, FL 33980	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSEN, NANNETTE 41215 DUREVE AVE NORTH PORT, FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLEY, JAMES 432 HALLCREST TERRACE PORT CHARLOTTE, FL 33954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, MARILYN AUD 3829 BERMUDA CT. PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Kim Gaut		4-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		941-743-8347 Daytime Phone #