

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39412

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

25250 SANDHILL BLVD
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

25250 SANDHILL BLVD
PUNTA GORDA, FL 33983 US

New Mailing Address:

FEI Number: 65-0215532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAUT, KIM
729 HALEYBURY ST
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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: M3 () Delete
Name: GAUT, KIM
Address: 729 HALEYBURY STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD () Delete
Name: PIMENTEL, ALBERT
Address: 10429A WINCHESTER CT
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: BLEUER, ANN
Address: 1000 KINGS HIGHWAY, SUITE #28
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD () Delete
Name: PETERSEN, NANNETTE
Address: 41215 DUREVE AVE
City-St-Zip: NORTH PORT, FL 34286

Title: TD () Delete
Name: KELLEY, JAMES
Address: 432 HALLCREST TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D () Delete
Name: LARKIN, MARILYN AUD
Address: 3829 BERMUDA CT.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PIMENTEL, ALBERT
Address: 10429A WINCHESTER CT
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: BLEUER, ANN
Address: 1000 KINGS HIGHWAY, SUITE #28
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD (X) Change () Addition
Name: FLOOD, MYRA ANN
Address: 1447 WASSAIL LANE
City-St-Zip: PUNTA GORDA, FL 33984

Title: PD (X) Change () Addition
Name: KELLEY, JAMES
Address: 432 HALLCREST TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Change () Addition
Name: FERGUSON, ROLAND
Address: 721 CRESTVIEW CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM GAUT

M3

04/22/2009

Electronic Signature of Signing Officer or Director

Date