

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39412

FILED
Apr 30, 2010
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
Name: GAUT, KIM
Address: 729 HALEYBURY STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: VD
Name: WRIGHT, VELMA
Address: 3139 IVERSON ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD
Name: KIESELBURG, CLARE
Address: 10581 WASHINGTON ROAD
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D
Name: WALDEN, AU.D., BETHANY DR
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: FERGUSON, ROLAND
Address: 721 CRESTVIEW CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: KIM GAUT

M3

04/30/2010

Electronic Signature of Signing Officer or Director

Date