

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39412

FILED
Apr 21, 2011
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: BIDDULPH, ROBERT
Address: 3923 PINSTAR TERRACE
City-St-Zip: NORTH PORT, FL 34287 US

Title: VD
Name: CUZZOLINO, HUGO
Address: 1668 SQUAW LANE
City-St-Zip: NORTH PORT, FL 34286

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

Title: TD
Name: POJE, SHARON
Address: 18195 ROBINSON AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

04/21/2011

Electronic Signature of Signing Officer or Director

Date