

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004261

1. Entity Name

VISUALLY IMPAIRED PERSONS OF WEST VOLUSIA, INC.

FILED

May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90032 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1025 W MINNESOTA AVE  
DELAND FL 32720

P O BOX 866  
DELAND FL 32721  
US

2. Principal Place of Business

1025 W. Minnesota Ave

3. Mailing Address

P O Box 866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland Fla

City & State

Deland Fla

4. FEI Number

59-3503609

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32721

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of ~~Current~~ Registered Agent

CURRY, GWENYTH M  
803 W. ARIZONA AVE  
DELAND FL 32720

Name

Wilson, Gwenyth

Street Address (P.O. Box Number is Not Acceptable)

803 W. Arizona Ave.

City

Deland

FL

Zip Code

32720

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CURRY, GWENYTH  
STREET ADDRESS 803 W. ARIZONA AVE  
CITY-ST-ZIP DELAND FL 32720

TITLE ~~PD~~ Wilson, Gwenyth ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HILL, FRANK  
STREET ADDRESS 625 FOREST PK., DR  
CITY-ST-ZIP DELAND FL 32720

TITLE TD ☒ Change ☐ Addition  
NAME Hill, Frances  
STREET ADDRESS 625 Forest Pk. Dr.  
CITY-ST-ZIP Deland Fla 32720

TITLE VPD ☒ Delete  
NAME ROBERTS, EUGENE  
STREET ADDRESS 2439 SEDEGEFIELD AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE VPD ☒ Change ☐ Addition  
NAME Crawford, Eugene  
STREET ADDRESS 1144 Shetbrook Dr.  
CITY-ST-ZIP Deltona Fla 32725

TITLE SD ☐ Delete  
NAME WILLIAMS, KEN  
STREET ADDRESS 740 N. WOODLAND BLVD  
CITY-ST-ZIP DELAND FL 32720

TITLE ~~SD~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gwenyth Wilson

4/19/02

(386) 738-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)