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Jan 27, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16354

1. Corporation Name

STARKEY HEARING FOUNDATION, INC.

Principal Place of Business

4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416

Mailing Address

4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SEGAL, PATRICIA C
336 CORAL WAY
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

10/13/1987

4. FEI Number

36-3297852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORRA, JOHN J	
STREET ADDRESS	14133 SHADY BEACH TRAIL, NE	
CITY-ST-ZIP	PRUORA LAKE MN 53372	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAGEN, JEFFREY D	
STREET ADDRESS	510 MARQUETTE AVE., #300	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCGOWAN, MICHAEL D	
STREET ADDRESS	4713 DREW AVE, S	
CITY-ST-ZIP	MINNEAPOLIS MN 55410	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	HARRINGTON, ED	
STREET ADDRESS	4248 PARK GLEN RD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALLAGHER, SHERY L	
STREET ADDRESS	6850 YORIC AVE, S, #412	
CITY-ST-ZIP	EDINA MN 55435	
TITLE	DTR	<input type="checkbox"/> DELETE
NAME	MDDOX, WENDELL	
STREET ADDRESS	1507 S 6TH ST	
CITY-ST-ZIP	HAPUIONS IN 55343	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED ASHINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)