## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000005895

FILED Nov 17, 2005 Secretary of State

Entity Name: ADVOCATES FOR BETTER HEARING, INC.

Current Principal Place of Business: New Principal Place of Business:

2075 MAIN STREET 2-A SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2075 MAIN STREET SARASOTA, FL 34237

FEI Number: 65-1046019 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INNES, FLO 609 NORSOTA WAY SARASOTA, FL 34242 US

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: FLO INNES

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

:: DP ( ) Delete Title: D/P (X) Change( ) Addition

 Name:
 INNES, FLO
 Name:
 INNES, FLO

 Address:
 609 NORSOTA WAY
 Address:
 609 NORSOTA WAY

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

Title: AA () Delete Title: AD (X) Change () Addition
Name: NIBERT, ANGELA
Address: P.O. BOX 5472 Address: 2437 BRIAR OAK CIRCLE

 Address:
 P.O. BOX 5472
 Address:
 2437 BRIAR OAK CIRCLE

 City-St-Zip:
 SARASOTA, FL 34277
 City-St-Zip:
 SARASOTA, FL 34232

 $\label{eq:title:DV} \mbox{Title:} \mbox{ DV } \mbox{ ( ) Delete} \mbox{ Title:} \mbox{ SEC } \mbox{ (X) Change ( ) Addition}$ 

 Name:
 DEVLIN, DELORES
 Name:
 INNES, PAMELA

 Address:
 609 NORSOTA WAY
 Address:
 3124 ALTON RD

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 CHAMBLEE, GA 30341

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FLO INNES P/D 11/17/2005