

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005895

FILED
Jul 08, 2009
Secretary of State

Entity Name: ADVOCATES FOR BETTER HEARING, INC.

Current Principal Place of Business:

2075 MAIN STREET
5
SARASOTA, FL 34237

New Principal Place of Business:

4221 S. TAMiami TRAIL
SARASOTA, FL 34231

Current Mailing Address:

2075 MAIN STREET
5
SARASOTA, FL 34237

New Mailing Address:

609 NORSOTA WAY
SARASOTA, FL 34242

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:

INNES, FLO
609 NORSOTA WAY
SARASOTA, FL 34242 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: D/P () Delete
Name: INNES, FLO
Address: 609 NORSOTA WAY
City-St-Zip: SARASOTA, FL 34242

Title: AD (X) Delete
Name: NIBERT, ANGELA
Address: 2437 BRIAR OAK CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: SEC () Delete
Name: INNES, PAMELA
Address: 3124 ALTON RD
City-St-Zip: CHAMBLEE, GA 30341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: INNES, PAMELA
Address: 3393 EMBRY CIRCLE
City-St-Zip: CHAMBLEE, GA 30341

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FLORENCE INNES

D/P

07/08/2009

Electronic Signature of Signing Officer or Director

Date