

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003971

FILED
Jun 18, 2008
Secretary of State

Entity Name: MOLDOVAN CHILDREN'S AUDIOLOGY FOUNDATION, INC.

Current Principal Place of Business:

C/O GREGORY SPIRAKIS
3944 CEDAR WAY
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

C/O GREGORY SPIRAKIS
3944 CEDAR WAY
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3723077 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WORKMAN, MICHAEL E ESQ.
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND, FL 33813 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPIRAKIS, GREGORY
Address: 3944 CEDAR WAY
City-St-Zip: LAND O' LAKES, FL 34639

Title: VD () Delete
Name: THOMAS, STEPHEN L
Address: 3527 ROSSLARE LANE
City-St-Zip: LAKELAND, FL 33803

Title: STD () Delete
Name: SPIRAKIS, SUSAN
Address: 3944 CEDAR WAY
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GREGORY SPIRAKIS

PD

06/18/2008

Electronic Signature of Signing Officer or Director

Date