2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006426

FILED Apr 27, 2005 Secretary of State

Entity Name: THE LIONS OF DISTRICT 35-D HEARING PROGRAM, INC.

Current P	rincipal Place o	of Business:	New Prince	ipal Place o	f Business:	
PO BOX 3 COCA BEA	20344 ACH, FL 32932					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 3 COCA BEA	20344 ACH, FL 32932			AMON COUR E BEACH, FL		
FEI Number:	81-0651756	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of	New Registered Agent:	
827 NASS	R, DONNA K AU RD EACH, FL 3293					
The above	named entity su	ibmits this statement for the	burbose of chanding i	ts realstered.	onice or registered agent, or bo	th
	named entity su e of Florida.	ibmits this statement for the	purpose of changing i	ts registered	office or registered agent, or bo	th,
	e of Florida.	ıbmits this statement for the	purpose of changing i	ts registered	onice or registered agent, or bo	th,
in the State	e of Florida. RE:	bmits this statement for the		ts registered	Date	th, —
in the State	e of Florida. RE:	s Signature of Registered Ag	ent			_
in the State	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Ag ORS: Delete NY	ent	IS/CHANGES	Date	_
in the State SIGNATUF OFFICER: Title: Name: Address:	E of Florida. RE: Electronic S AND DIRECT D () E GARMAN, JOHN 2937 MATHEW E ROCKLEDGE, FL	© Signature of Registered Ag ORS: Delete NY OR - 32955 Delete	ent ADDITION Title: Name: Address:	IS/CHANGES	Date S TO OFFICERS AND DIRECT	_
in the State SIGNATUR OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electronic S AND DIRECT D () C GARMAN, JOHNN 2937 MATHEW C ROCKLEDGE, FL D () C RUTH, JIM 1149 LUTHER DE ROCKLEDGE, FL	c Signature of Registered Ag ORS: Delete NY OR - 32955 Delete R - 32955 Delete A	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES	Date S TO OFFICERS AND DIRECT) Change () Addition	_

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: JOHN D. PERROT D/TR 04/27/2005