



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 002 ****61.25

DOCUMENT # N04000006426					
1. Entity Name THE LIONS OF DISTRICT 35-D HEARING PROGRAM, INC.					
Principal Place of Business PO BOX 320344 COCA BEACH, FL 32932			Mailing Address 650 CINNAMON COURT SATELLITE BEACH, FL 32937		
2. Principal Place of Business <i>BAREFOOT BAY, FL</i> Suite, Apt. #, etc.		3. Mailing Address <i>342 PAPAYA CIRCLE</i> Suite, Apt. #, etc.			
City & State <i>BAREFOOT BAY, FL</i>		City & State <i>BAREFOOT BAY, FL</i>		4. FEI Number 81-0651756	
Zip <i>32976</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, DONNA K 827 NASSAU RD COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name: <i>ROBERT "JOHNNY" GARMAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>342 PAPAYA CIRCLE</i> City: <i>BAREFOOT BAY</i> FL Zip Code: <i>32976</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Robert "Johnny" Gorman</i> DATE: <i>SEP 5, 2006</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$51.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARMAN, JOHNNY <i>342 PAPAYA CIRCLE</i> <i>2937 MATHEW DR BAREFOOT BAY, FL</i> <i>ROCKLEDGE, FL 32955-32976</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTH, JIM 1149 LUTHER DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENKINS, MYRNA 564 GRANT AVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERROT, JOHN D 650 CINNAMON COURT SATELLITE BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: <i>Robert "Johnny" Gorman</i> DATE: <i>SEP 5, 2006</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					