

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006426

FILED
Jun 25, 2009
Secretary of State

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

Current Principal Place of Business:

342 PAPAYA CIR
BAREFOOT BAY, FL 32976

New Principal Place of Business:

Current Mailing Address:

342 PAPAYA CIR
BAREFOOT BAY, FL 32976

New Mailing Address:

FEI Number: 81-0651756 **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:

GARMAN, ROBERT G
342 PAPAYA CIR
BAREFOOT BAY, FL 32976 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 () Delete
Name: GARMAN, JOHNNY
Address: 342 PAPAYA CIR
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D () Delete
Name: RUTH, JIM
Address: 1149 LUTHER DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JENKINS, MYRNA
Address: 564 GRANT AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: PERROT, JOHN D
Address: 650 CINNAMON COURT
City-St-Zip: SATELLITE BEACH, FL

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:

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: JOHNNY GARMAN

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date