


• **2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-07-2006 90071 001 ***211.25

| | |
|---|---|
| DOCUMENT # N04000008903 1. Entity Name EARTRONICS HEARING AID FOUNDATION, INC. |  |
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|---|---|
| Principal Place of Business 7181 COLLEGE PKWY., STE. 14 FT. MYERS, FL 33907 | Mailing Address 7181 COLLEGE PKWY., STE. 14 FT. MYERS, FL 33907 |
|---|---|

66000857



01122006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 20-1586854 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent HOOPER, ROBERT L 4863 LAUREL LANE FT. MYERS, FL 33908 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOOPER, ROBERT L 4863 LAUREL LANE FT. MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HOOPER, TERESITA S 4863 LAUREL LANE FT. MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THOMAS, MARGARET G 233 STEBBINS TERR. PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PARSONS, JINKY T 4412 CORONADO PKWY. CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 like empowered.

SIGNATURE:  **1-13-06 (239) 275-7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #