

• 2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000008903

1. Entity Name
EARTRONICS HEARING AID FOUNDATION, INC.



Principal Place of Business

7181 COLLEGE PKWY., STE. 14
FT. MYERS, FL 33907

Mailing Address

7181 COLLEGE PKWY., STE. 14
FT. MYERS, FL 33907

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

02-07-2006 90071 001 ***211.25

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01122006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

HOOPER, ROBERT L
4863 LAUREL LANE
FT. MYERS, FL 33908

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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 PD
NAME HOOPER, ROBERT L
STREET ADDRESS 4863 LAUREL LANE
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE VD
NAME HOOPER, TERESITA S
STREET ADDRESS 4863 LAUREL LANE
CITY-ST-ZIP FT. MYERS, FL 33908

TITLE SD
NAME THOMAS, MARGARET G
STREET ADDRESS 233 STEBBINS TERR.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE TD
NAME PARSONS, JINKY T
STREET ADDRESS 4412 CORONADO PKWY.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06 (239) 275-7655
Date Daytime Phone #