2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N04000008903

Entity Name: EARTRONICS HEARING AID FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1586854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOPER, ROBERT L
4863 LAUREL LANE
FT. MYERS, FL 33908 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:	PD	( ) Delete
Name:	HOOPER, ROBERT L	
Address:	4863 LAUREL LANE	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	VD	( ) Delete
Name:	HOOPER, TERESITA S	
Address:	4863 LAUREL LANE	
City-St-Zip:	FT. MYERS, FL 33908	
Title:	SD	( ) Delete
Name:	THOMAS, MARGARET G	
Address:	233 STEBBINS TERR.	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	TD	( ) Delete
Name:	PARSONS, JINKY T	
Address:	4412 CORONADO PKWY.	
City-St-Zip:	CAPE CORAL, FL 33904	

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: JINKY T. PARSONS TD 03/10/2009
Electronic Signature of Signing Officer or Director — Date