


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 007 ****70.00

DOCUMENT # N16196 1. Entity Name NORTH EAST FLORIDA LIONS HEARING AID BANK, INC.					
Principal Place of Business 318 OSCEOLA ST. PALATKA FL 32177				Mailing Address 175 KOLSKI DR. CRESCENT CITY FL 32112	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Satsuma Florida		City & State 139 San Jan			
Zip 32189		Country		4. FEI Number 59-0908738	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HALL, CRAIG F. 317 NORTHEAST FIRST STREET GAINESVILLE FL 32601			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005.		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	TD SHARROW, DON 173 KOLSKI DRIVE CRESCENT CITY FL 32112-4727	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO mildred Keirnan 13924 N.E. County Road 1471 Waldo, Florida 32694	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITTON, ROBERT 6412 SW 60TH COURT OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Meares 6412 Putman street St. Augustine, Fl. 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLISON, JERRY P.O BOX 2496 OCALA FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Carroll 139 San Jan Drive Satsuma, Fl. 32189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROL, BRIAN 139 SAN JAN DRIVE SATSUMA FL 32189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Audrey Hall 11179 S.W. 171st Terrace Road Ocala, Fl. 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, DELORES 12006 ARBOR LAKE DRIVE JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley H. Shuler 29 S.E. 48th Street Gainesville, Fl. 32641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Brian Carroll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-05 386-325-1674 <small>Date Daytime Phone #</small>		