

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16196

FILED
Apr 29, 2008
Secretary of State

Entity Name: NORTH EAST FLORIDA LIONS HEARING AID BANK, INC.

Current Principal Place of Business:

318 OSCEOLA ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

29 SE 48TH STREET
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-0908738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, CRAIG F.
317 NORTHEAST FIRST STREET
GAINESVILLE, FL 32601 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: TD () Delete
Name: KEIRNAN, MILDRED
Address: 13924 NE COUNTY ROAD 1471
City-St-Zip: WALDO, FL 32694

Title: VD () Delete
Name: CARLSON, ARLENE
Address: 3358 MANDARIN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: MEARES, WILLIAM
Address: 6412 PUTMAN STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: MELNICK, DIANE
Address: 8350D SW 93RD LANE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: SHULER, SHIRLEY H.
Address: 29 SE 48TH STREET
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CARLSON, ARLENE
Address: 3358 MANDARIN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change () Addition
Name: LOVILL, JOHN
Address: 2169 NE 14TH STREET
City-St-Zip: OCALA, FL 34470

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: SHIRLEY H. SHULER

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date