2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2012
Secretary of State

DOCUMENT# N16196

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 ( )**

Name and Address of Current Registered Agent:

WITEKA, PHIL S.
537 NORTHEAST FIRST STREET
SUITE 3
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: T
Name: KEIRNAN, MILDRED
Address: 13924 NE COUNTY ROAD 1471
City-St-Zip: WALDO, FL 32694

Title: P
Name: CAFRELLI, JOSEPH
Address: 6487 GREENLAND CHASE BLVD
City-St-Zip: JACKSONVILLE, FL 32258

Title: V
Name: MEDER, MARTIN
Address: 1515 NW 29 ROAD APT 3
City-St-Zip: GAINESVILLE, FL 32605

Title: SD
Name: BROZOZOWSKI, TERESA
Address: 7642 KINGSTREET DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY SHULER D 04/22/2012

Electronic Signature of Signing Officer or Director — Date