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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N28422****(6)**

1. Corporation Name

HEARING DOGS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O AMELIA POST SARGENT
6471 TAMiami CANAL ROAD
MIAMI FL 33126C/O AMELIA POST SARGENT
6471 TAMiami CANAL ROAD
MIAMI FL 33126-4561

3. Date Incorporated or Qualified

09/20/1988

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 *same*26 *same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0122441

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARGENT, AMELIA POST
6471 TAMiami CANAL ROAD
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SARGENT, AMELIA POST
STREET ADDRESS 6471 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD
NAME BARRY, MARGARET MARY
STREET ADDRESS 2510 NE 6TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE S
NAME HUMPHRIES, BETTIE
STREET ADDRESS 809 ANGELO
CITY-ST-ZIP CORAL GABLES FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME SIMPSON, HELEN
STREET ADDRESS 1111 SEMINOLE DR.
CITY-ST-ZIP FT. LAUDERDALE FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME MCILVAINE, MIRIAM
STREET ADDRESS 1526 NORTH J TERRACE
CITY-ST-ZIP LAKE WORTH FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME CLEMENT, IRENE
STREET ADDRESS 1526 NORTH "J" TERRACE
CITY-ST-ZIP LAKE WORTH FL 33460☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amelia Post Sargent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

305/261-8327

Daytime Phone # 0028491

CR2E037 (9/96)