

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N28422

1. Entity Name
HEARING DOGS OF FLORIDA, INC.



Principal Place of Business
**C/O AMELIA POST SARGENT
6471 TAMiami CANAL ROAD
MIAMI, FL 33126**

Mailing Address
**C/O AMELIA POST SARGENT
6471 TAMiami CANAL ROAD
MIAMI, FL 33126**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0122441

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARGENT, AMELIA POST
6471 TAMiami CANAL ROAD
MIAMI, FL 33126**

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IN THIS SPACE**

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: *Amelia Post Sargent* *AMELIA POST SARGENT* *4/20/05*
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SARGENT, AMELIA POST
6471 TAMiami CANAL RD.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BARRY, MARGARET MARY
2510 NE 6TH AVENUE
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HUMPHRIES, BETTIE
809 ANGELO
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000202748
01/29/05-80003-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *AMELIA POST SARGENT* *Amelia Post Sargent* *4/20/05* *(305) 261-8327*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #