

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46668

FILED
Jan 08, 2008
Secretary of State

Entity Name: FLORIDA LIONS COMMUNITY HEARING BANK, INC.

Current Principal Place of Business:

LARKINS HOSPITAL
7031 SW 62ND AVE
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

4840 W. 2ND LN
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0313141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORESTES, NORIEGA
4840 W. 2ND LN
HIALEAH, FL 33012 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: DV () Delete
Name: NORIEGA, ORESTES
Address: 4840 W 2ND LANE
City-St-Zip: HIALEAH, FL 33013 US

Title: DP () Delete
Name: ROA, EDGAR E
Address: 14793 SW 81 ST
City-St-Zip: MIAMI, FL 33193

Title: DV () Delete
Name: PICKARD, ROBERT
Address: 6280 SUNSET DR #405
City-St-Zip: SO. MIAMI, FL 33155

Title: DS () Delete
Name: DE SOUZA, JOHN
Address: 6830 SW 52 ST
City-St-Zip: MIAMI, FL 33155

Title: DT () Delete
Name: GLICKSMAN, MARK
Address: P.O.BOX 640043
City-St-Zip: MIAMI, FL 33164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPT (X) Change () Addition
Name: ROA, EDGAR E
Address: 14793 SW 81 ST
City-St-Zip: MIAMI, FL 33193

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

Title: DS (X) Change () Addition
Name: RIEDINGER, LAYNEE DG
Address: 991 HUNTING LODGE
City-St-Zip: MIAMI SPRINGS, FL 33166

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: EDGAR E. ROA

DPT

01/08/2008

Electronic Signature of Signing Officer or Director

Date