## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46668

FILED Apr 05, 2009 Secretary of State

Entity Name: FLORIDA LIONS COMMUNITY HEARING BANK, INC.

US

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

4840 W. 2ND LN PO BOX 640043

HIALEAH, FL 33012 US C/O LION MARK GLICKSMAN

MIAMI, FL 33164 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORESTES, NORIEGA MARK, GLICKSMAN J 4840 W. 2ND LN 470 NE 167 STREET

HIALEAH, FL 33012 US NORTH MIAMI BEACH, FL 33162 US

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: MARK GLICKSMAN 04/05/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DV ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 NORIEGA, ORESTES
 Name:
 ABDALLAH, SARA

 Address:
 4840 W 2ND LANE
 Address:
 19720 GULFSTREAM RD

 City-St-Zip:
 HIALEAH, FL 33013 US
 City-St-Zip:
 MIAMI, FL 33157 US

 Name:
 ROA, EDGAR E
 Name:
 ROA, EDGAR E

 Address:
 14793 SW 81 ST
 Address:
 14793 SW 81 ST

 City-St-Zip:
 MIAMI, FL 33193
 City-St-Zip:
 MIAMI, FL 33193

 $\label{eq:title:DV} \mbox{Title:} \mbox{ DV } \mbox{ ( ) Delete } \mbox{ Title: } \mbox{ VP } \mbox{ (X) Change ( ) Addition}$ 

 Name:
 PICKARD, RÖBERT
 Name:
 PICKARD, RÖBERT

 Address:
 6280 SUNSET DR #405
 Address:
 6280 SUNSET DR #405

 City-St-Zip:
 SO. MIAMI, FL 33155
 City-St-Zip:
 SO. MIAMI, FL 33155

Title: DS ( ) Delete Title: S (X) Change ( ) Addition

Name:RIEDINGER, LAYNEE DGName:RIEDINGER, LAYNEE PDGAddress:991 HUNTING LODGEAddress:991 HUNTING LODGECity-St-Zip:MIAMI SPRINGS, FL 33166City-St-Zip:MIAMI SPRINGS, FL 33166

 Name:
 GLICKSMAN, MARK
 Name:
 GLICKSMAN, MARK J

 Address:
 P.O.BOX 640043
 Address:
 470 NE 167 STREET

City-St-Zip: MIAMI, FL 33164 City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MARK GLICKSMAN P 04/05/2009