

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46668

FILED
Mar 22, 2010
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:

PO BOX 640043
C/O LION MARK GLICKSMAN
MIAMI, FL 33164 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARK, GLICKSMAN J
470 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 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: BARRERA, BETTY A
Address: 1833 NW 168TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: P
Name: LETAKIS, GEORGE E
Address: 3415 WILLOWWOOD ROAD
City-St-Zip: LAUDERHILL, FL 33319

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

Title: S
Name: RIEDINGER, LAYNEE PDG
Address: 991 HUNTING LODGE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D
Name: GLICKSMAN, MARK J
Address: 470 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MARK GLICKSMAN

D

03/22/2010

Electronic Signature of Signing Officer or Director

Date