

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90025 045 ****61.25

DOCUMENT # N95000002575			
1. Entity Name LIONS OF DISTRICT 35-0 HEARING PROGRAM, INC.			
Principal Place of Business 5428 PECOS STREET ORLANDO FL 32807 US		Mailing Address 5428 PECOS STREET ORLANDO FL 32807 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBINS, ROBERT 1206 S. RIDGEWOOD AVE. DAYTONA BCH. FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDSTROM, GLENN 2536 RECTOR AVE ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLEY, AL 11518 LAKE WILLIS DR ORLANDO FL 32821 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONLAND, ROGER 524 GARY PLAYER DR DAVENPORT FL 33837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDEN, JOAN 1203 TARPOON LANE LADY LAKE FL 32157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MYERS, DOROTHY R 5428 PECOS ST. ORLANDO FL 32807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAINTER, DOLORES 311 EL DORADO LAKELAND FL 33809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition KINDSTROM, AROVADA 2536 RECTOR AVE ORLANDO, FL 32818

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Dorothy R. Myers (Dorothy R. Myers) 2-1-08 297-6416 ⁴⁰⁷