

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002575

FILED
Mar 04, 2009
Secretary of State

Entity Name: LIONS OF DISTRICT 35-0 HEARING PROGRAM, INC.

Current Principal Place of Business:

5428 PECOS STREET
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

5428 PECOS STREET
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-3316224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINS, ROBERT
1206 S. RIDGEWOOD AVE.
DAYTONA BCH., FL 32114 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: D () Delete
Name: KINDSTROM, GLENN
Address: 2536 RECTOR AVE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MORLEY, AL
Address: 11518 LAKE WILLIS DR
City-St-Zip: ORLANDO, FL 32821

Title: D () Delete
Name: VONLAND, ROGER
Address: 524 GARY PLAYER DR
City-St-Zip: DAVENPORT, FL 33837

Title: PD () Delete
Name: GOLDEN, JOAN
Address: 1203 TARPON LANE
City-St-Zip: LADY LAKE, FL 32157

Title: TSD () Delete
Name: MYERS, DOROTHY R
Address: 5428 PECOS ST.
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: KINDSTROM, AROUDA
Address: 2536 RECTOR AVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: VONLAND, ROGER
Address: 524 GARY PLAYER DR
City-St-Zip: DAVENPORT, FL 33837

Title: P (X) Change () Addition
Name: GOLDEN, JOAN
Address: 1203 TARPON LANE
City-St-Zip: LADY LAKE, FL 32157

Title: T (X) Change () Addition
Name: MYERS, DOROTHY R
Address: 5428 PECOS ST.
City-St-Zip: ORLANDO, FL 32807

Title: S (X) Change () Addition
Name: HENNIGHAN, BETTY
Address: 2626 HOFFMAN DR.
City-St-Zip: ORLANDO, FL 32837

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: DOROTHY R. MYERS

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date