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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16354** (3)

1. Corporation Name

STARKEY HEARING FOUNDATION, INC.

Principal Place of Business

**4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416**

Mailing Address

**4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416-4758**



3. Date Incorporated or Qualified
10/13/1987

3a. Date of Last Report
11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
36-3297852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, JAMES
2255 GLADES ROAD, #324A
BOCA RATON FL**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD PRESIDENT** ☐ DELETE
NAME **GALLAGHER, SHERYL L.**
STREET ADDRESS **8550 YORK AVE. S. #412**
CITY - ST - ZIP **EDINA MN**

TITLE **VSD** ☒ DELETE
NAME **GEORGE, PAMELA**
STREET ADDRESS **325 CEDAR ST. #400**
CITY - ST - ZIP **ST. PAUL MN**

TITLE **VD VICE PRESIDENT** ☐ DELETE
NAME **GORRA, JOHN**
STREET ADDRESS **6400 FLYING CLOUD DRIVE**
CITY - ST - ZIP **EDEN PRAIRIE MN**

TITLE **ASV SECRETARY** ☐ DELETE
NAME **HARRINGTON, ED**
STREET ADDRESS **4248 PARK GLEN RD**
CITY - ST - ZIP **MINNEAPOLIS MN**

TITLE **T Treasurer** ☐ DELETE
NAME **SWEEN, MARK G.**
STREET ADDRESS **1624 HARMON PLACE #207**
CITY - ST - ZIP **MINNEAPOLIS MN 55403**

TITLE **DTR** ☐ DELETE
NAME **LAWRENCE A. BROWN**
STREET ADDRESS **4212 Beverly Av**
CITY - ST - ZIP **Golfen Valley MN 55422**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **VP**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **JEFFREY D. HAGEN VICE PRESIDENT**
2.3 STREET ADDRESS **510 MARQUETTE AVE #300**
2.4 CITY - ST - ZIP **MINNEAPOLIS MN 55402**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **JULIA R. JONES**
3.3 STREET ADDRESS **13911 Ridgeview Dr #249**
3.4 CITY - ST - ZIP **Minnetonka MN 55305**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **DR. MARGARITA GALARNEAULT**
4.3 STREET ADDRESS **1640 Spring Valley Road**
4.4 CITY - ST - ZIP **Golden Valley MN 55422**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ed Harrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 APR 97

612/427-9220

Date

Daytime Phone # **0076477**

CR2E037 (9/96)