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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416**

**4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416**



3. Date Incorporated or Qualified

10/13/1987

4. FEI Number

36-3297852

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

81 Name

PATRICIA CROW SEZAL

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

83

336 CORAL WAY

84 City

FT LAUDERDALE

FL

85 Zip Code

33301

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 title 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	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, SHERYL L.	
STREET ADDRESS	6550 YORK AVE. S. #412	
CITY-ST-ZIP	EDINA MN	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAGEN, JEFFREY D	
STREET ADDRESS	510 MARQUETTE AVE., #300	
CITY-ST-ZIP	MINNEAPOLIS MN	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GORRA, JOHN	
STREET ADDRESS	6400 FLYING CLOUD DRIVE	
CITY-ST-ZIP	EDEN PRAIRIE MN	

TITLE	ASV	<input type="checkbox"/> DELETE
NAME	HARRINGTON, ED	
STREET ADDRESS	4248 PARK GLEN RD	
CITY-ST-ZIP	MINNEAPOLIS MN	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWEEN, MARK G.	
STREET ADDRESS	1624 HARMON PLACE #207	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	

TITLE	TRD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LAWRENCE A	
STREET ADDRESS	4212 BEVERLY AV	
CITY-ST-ZIP	GOLFEN VALLEY MN	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN J. GORRA	
1.3 STREET ADDRESS	14133 SHADY BROOK TRAIL NE	
1.4 CITY-ST-ZIP	PRIOR LAKE MN 55372	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1589 Hwy 7 #203	
2.4 CITY-ST-ZIP	55305	

3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DR. MICHAEL MCGRAWIN	
3.3 STREET ADDRESS	4713 DREW AVE	
3.4 CITY-ST-ZIP	MINNEAPOLIS MN 55410	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHERYL L. GALLAGHER	
5.3 STREET ADDRESS	6550 YORK AVE. #412	
5.4 CITY-ST-ZIP	EDINA MN 55435	

6.1 TITLE	OTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WENDEL MADDOX	
6.3 STREET ADDRESS	1607 S 6TH ST	
6.4 CITY-ST-ZIP	HOPKINS MN 55343	

14. I 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: **LAH SIGNATURE REQUIRED**

6 JAN 98 612/927-9220

CR2E037 (10/97)