## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 😽

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767181

(1)

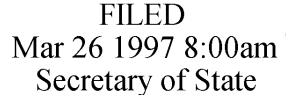
## NURSING HOME VOLUNTEER AUXILIARY, INC.

2150 MW 20TH AVENUE

Principal Place of Business

Mailing Address

2159 NW 29TH AVENUE





P.O. BOX 7009 GAINESVILLE FL		P.O. BOX 7009 GAINESVILLE FL 32605-7009				3. Date Incorporated or Qualified 3s. Date 02/25/1983 02	e of Last Report 2/19/1996
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-2410787	Applied For Not Applicable
Suite, Apt 1	#, etc.	Suite, Apt. #, etc.			=	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	30 Cou	intry		8. This corporation has liability for intangible to	ax under s. 199.032, No
24	25   9. Name and Address of Curren	29    Registered Agent	[30]		<del> </del>	10. Name and Address of New Registered A	
				81	Name		<del></del>
WHITTAKER, DORIS				82 Street Ad		Idress (P.O. Box Number is Not Acceptable)	
	29TH AVE.					areas (F. e. 20x Hamber to Hater to copy as any	
GAINESVI	ILLE FL 32605-2915			83			
				84	City	FL	85 Zip Code
office or re agent. Lar SIGNATURE	egistored agent, or both, in the State m farniliar with, and accept the obliga	of Florida Such change wa tions of, Section 617.0503,	s authorize Florida Stat	d by lutes	the corpor	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appo	changing its registered intment as registered
<b>.</b>	Signature, typied or printed name of registered ager OFFICERS AND		OTE Registere	d Age	nt signature rec	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	SD OFFICERS AND	DELETE	1.1 TI	TLF			Change Addition
NAME	WHITTAKER, DORIS		1.2 N			·	_ • _
STREET ADDRESS	2159 NW 29TH AVE				ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 C	1.4 CITY - ST - ZIP			
ToTLE	TD	☐ DELETE	2.1 Ti	TLE			Change Addition
NAME	WILSON, MERRY LYNNE		2.2 N	2.2 NAME		ė.	
STREET ADDRESS	2630-B NW 41ST ST.		2.3 5	TREET	ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000				ST-ZIP		70
TITLE	D	☐ DELETE	3.1 1			·	Change Addition
NAME	ALLEN, MARJORIE	ರ್ಷ-೧೯೧೯ರಲ್	3.2 N		ADDOCCO		
STREET ADDRESS	P.O. BOX 280 N/A ~ WALDO FL	No Street Address			ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE	3.4. U		ST-ZIP		Change Addition
NAME	HAZEN, RUTH		4.21			•	
STREET ADDRESS	2055 NW 19TH LANE				ADDRESS		
CITY-SI-ZIP	GAINESVILLE FL				T-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	51 T				Change Addition
NAME			52 N	AME			
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP					T-ZIP		
TITLE		☐ DELETE	6.1 T			1	Change Addition
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP			6.4 C	ITY-S	ST-ZIP	ted in Contine 110 07/9/() Florida Ptatutos I further	and the

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 execution with an address.