

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90012 025 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767181

1. Corporation Name

NURSING HOME VOLUNTEER AUXILIARY, INC.

Principal Place of Business

2159 NW 29TH AVENUE
~~P.O. BOX 2009~~
GAINESVILLE FL 32605

Mailing Address

2159 NW 29TH AVENUE
~~P.O. BOX 2009~~
GAINESVILLE FL 32605



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/25/1983

4. FEI Number

59-2410787

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

9. Name and Address of Current Registered Agent

WHITTAKER, DORIS
2159 NW 29TH AVE.
GAINESVILLE FL 32605-2915

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME SD
STREET ADDRESS WHITTAKER, DORIS
CITY-ST-ZIP 2159 NW 29TH AVE
GAINESVILLE, FL 00000

TITLE ☐ DELETE
NAME TD
STREET ADDRESS WILSON, MERRY LYNNE
CITY-ST-ZIP 2630-B NW 41ST ST.
GAINESVILLE, FL 00000

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALLEN, MARJORIE
CITY-ST-ZIP P O BOX 280 N/A
WALDO FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS HAZEN, RUTH
CITY-ST-ZIP 2055 NW 19TH LANE
GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-99 352-372-8777

CR2E037 (11/98)