2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90012 028 ****61.25

DOCUMENT # 767181

1. Entity Name

NURSING HOME VOLUNTEER AUXILIARY, INC.

Principal Place of Business	Mailing Address
2159 NW 29TH AVENUE ~~P.O. BOX 7000~~ GAINESVILLE FL 32605	2159 NW 29TH AVENUE ~~P.O. BOX 7000~~ GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2159 NW 29th ave.	2159 NW 29th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32605 Country	Zip: 32605 Country

4. FEI Number 59-2410787 ☐ Applied For ☐ Not Applicable.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITTAKER, DORIS 2159 NW 29TH AVE. GAINESVILLE FL 32605-2915	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITTAKER, DORIS 2159 NW 29TH AVE GAINESVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, MERRY LYNNE 2630-B NW 41ST ST. GAINESVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, MARJORIE P O BOX 280 N/A WALDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAZEN, RUTH 2055 NW 19TH LANE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth G. Hazen FRUTH G. Hazen, Treas. Mar. 19, 2001 352-372-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #