FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767539 (0)

1. Corporation Name
DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5352 LINTON BLVD DELRAY, BCH. 33484	5352 LINTON BLVD DELRAY, BCH. 33484

3. Date Incorporated or Qualified: 03/18/1983
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2351286 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GIMLER, ARTHUR
5293 CLEVELAND RD.
DELRAY BCH. FL 33484

10. Name and Address of New Registered Agent

81 Name: Becky McCoy, Director, Volunteers
82 Street Address (P.O. Box Number is Not Acceptable): 5352 Linton Blvd
83
84 City: Delray Beach FL 85 Zip Code: 33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Becky McCoy, Director of Volunteer Services 3/13/95
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	VD	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	GOLD, RUTH	1.2 NAME		
STREET ADDRESS	305 MONACO G	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, ETHEL	2.2 NAME		
STREET ADDRESS	NORMANDY M 506	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	President	☒ Change ☐ Addition
NAME	KUSHEN, IDA	3.2 NAME		
STREET ADDRESS	14575 BONAIRE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY FL 33486	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SELIGMAN, SHIRLEY	4.2 NAME		
STREET ADDRESS	10633 PALM LEAF DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	GIMLER, ART	5.2 NAME		
STREET ADDRESS	5293 CLEVELAND ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	EHRLICH, GEORGE	6.2 NAME	Ruth Slade	
STREET ADDRESS	14976 WILDFLOWER LANE	6.3 STREET ADDRESS	732 Burgundy P	
CITY-ST-ZIP	DELRAY BEACH FL 33445	6.4 CITY-ST-ZIP	Delray Beach, FL 33484	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ida Kushen, President 3/13/95 (407)495-3243
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #