

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 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 # **767539** (0)
1. Corporation Name
DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.



Principal Place of Business 5352 LINTON BLVD DELRAY, BCH 33484	Mailing Address 5352 LINTON BLVD DELRAY, BCH 33484
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/18/1983	4. FEI Number 59-2351286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCCOY, BECKY 5352 LINTON BLVD DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0501 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 the provisions of Section 617.0503, Florida Statutes.

SIGNATURE *Becky McCoy* **BECKY MCCOY, DIRECTOR OF VOLUNTEER SERVICES** 2/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	DIRECTOR
NAME	GELFAND, DORIS	1.2 NAME	GELFAND, DORIS
STREET ADDRESS	6882 MOONLIT DR	1.3 STREET ADDRESS	6682 MOONLIT DRIVE
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	SD	2.1 TITLE	
NAME	SHAPIRO, ETHEL	2.2 NAME	
STREET ADDRESS	NORMANDY M 586	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VICE PRESIDENT
NAME	KUSHEN, IDA	3.2 NAME	BERTHA GORDON
STREET ADDRESS	14575 BONAIRE BLVD	3.3 STREET ADDRESS	6821 MOONLIT DRIVE
CITY-ST-ZIP	DELRAY FL	3.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	T	4.1 TITLE	
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	P	5.1 TITLE	
NAME	GIMLER, ART	5.2 NAME	
STREET ADDRESS	5293 CLEVELAND ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SLADE, RUTH	6.2 NAME	
STREET ADDRESS	732 BURGUNDY P	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GELFAND, DORIS	
1.3 STREET ADDRESS	6682 MOONLIT DRIVE	
1.4 CITY-ST-ZIP	DELRAY BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BERTHA GORDON	
3.3 STREET ADDRESS	6821 MOONLIT DRIVE	
3.4 CITY-ST-ZIP	DELRAY BEACH FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Ethel Shapiro* **ETHEL SHAPIRO, SECRETARY** 2/1/98 (561)495-3243

CR2E037 (10/97)