

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1082

06 FEB 27 AM 9:13

SEC. STATEMENT 05-06

DOCUMENT # 767539
1. Entity Name
DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.



Principal Place of Business
**5352 LINTON BLVD
DELRAY BEACH, FL 33484**

Mailing Address
**5352 LINTON BLVD
DELRAY BEACH, FL 33484**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02222006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-2351286

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

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	DAVIS, DOLLY	
STREET ADDRESS	14112 HUNTINGTON PTE DR #406	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	P	☐ Delete
NAME	GORDON, BERTHA	
STREET ADDRESS	6821 MOONLIT DR	
CITY-ST-ZIP	DELRAY, FL	
TITLE	D	☐ Delete
NAME	GIMLER, ART	
STREET ADDRESS	5293 CLEVELAND ROAD	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	☐ Delete
NAME	RAYMER, HOWARD	
STREET ADDRESS	10439 S CIRCLE LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	☐ Delete
NAME	RAYMER, FRANCES	
STREET ADDRESS	10439 S CIRCLE LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800068107688
03/20/06--01022--005 **122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bertha Gordon **BERTHA GORDON** **PRESIDENT** **2/22/06** **561-495-3243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DELRAY
Medical Center

Tenet South Florida

Nationally Recognized Award Winning Healthcare
U.S. News & World Report, Money Magazine, Solucient, and HealthGrades

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5352 Linton Blvd.
Delray Beach, FL 33484
Tel 561.498.4440
www.delraymedicalctr.com

February 22, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN; RE; DOCUMENT 767538
2005/06 Not-For-Profit
Corporation Reinstatement

Please be aware that the non-profit organization Delray Community Hospital Volunteers has not paid their 2005 or 2006 Corporate Tax. The volunteer organization did not receive the post card notice that forms were on-line and not automatically sent to us. We discovered our error when we completed our 2005 end of year statement.

Please reinstate the non-profit Delray Communittee Hospital Volunteers and accept our 2005 and 2006 corporate taxes for a total of \$122.50 which is enclosed.

Since we are not aware that we can get this yearly form on the computer, we will do so in the future.

Thank you for your assistance in this matter.

Yours truly,

Dolly Davis
Dolly Davis, Treasurer

Becky McCoy
Becky McCoy, Agent
Delray Medical Center 2

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