

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**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**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2351286**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DAVIS, DOLLY  
14112 HUNTINGTON PTE DR #406  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GORDON, BERTHA  
6821 MOONLIT DR  
DELRAY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GIMLER, ART  
5293 CLEVELAND ROAD  
DELRAY BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RAYMER, HOWARD  
10439 S CIRCLE LAKE DRIVE  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RAYMER, FRANCES  
10439 S CIRCLE LAKE DRIVE  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000593836  
01/25/07-80043-018 70.00

**DO NOT WRITE  
IN THIS SPACE**

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

1/17/07

561 495 3243