# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2008 8:00 am**
**Secretary of State**
02-19-2008 90014 037 ****61.25

DOCUMENT # 767539

1. Entity Name
DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5352 LINTON BLVD<br>DELRAY BEACH, FL 33484 | 5352 LINTON BLVD<br>DELRAY BEACH, FL 33484 |

02062008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| MCCOY, BECKY<br>5352 LINTON BLVD<br>DELRAY BEACH, FL 33484 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 BECKY McCOY, DIRECTOR VOLUNTEER SERVICES Becky McCoy 2/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DAVIS, DOLLY<br>14112 HUNTINGTON PTE DR #406<br>DELRAY BEACH, FL 33484 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GORDON, BERTHA<br>6821 MOONLIT DR<br>DELRAY, FL 33446 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIMLER, ART<br>5293 CLEVELAND ROAD<br>DELRAY BEACH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MAE YATES<br>157 CAPRI D<br>DELRAY BEACH, FL 33484 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RAYMER, HOWARD<br>10439 S CIRCLE LAKE DRIVE<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RAYMER, FRANCES<br>10439 S CIRCLE LAKE DRIVE<br>BOYNTON BEACH, FL 33437 | ☐ 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 |

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, OFFICER 2/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #