2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# 767539

Entity Name: DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.

Current Principal Place of Business:

5352 LINTON BLVD
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5352 LINTON BLVD
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 59-2351286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOY, BECKY
5352 LINTON BLVD
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DAVIS, DOLLY
Address: 14112 HUNTINGTON PTE DR #406
City-St-Zip: DELRAY BEACH, FL 33484

Title: P ( ) Delete
Name: GORDON, BERTHA
Address: 6821 MOONLIT DR
City-St-Zip: DELRAY, FL

Title: D ( ) Delete
Name: YATES, MAE
Address: 157 CAPRI D
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Delete
Name: RAYMER, HOWARD
Address: 10439 S CIRCLE LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S ( ) Delete
Name: RAYMER, FRANCES
Address: 10439 S CIRCLE LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MANNA, MARY
Address: 15303 LAKE WILDFLOWER RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change ( ) Addition
Name: KAMINSKY, MICHAEL
Address: 21713 MARIGOT DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLLY DAVIS T 07/16/2009
Electronic Signature of Signing Officer or Director — Date