

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010056

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PASCO REGIONAL MEDICAL CENTER VOLUNTEER FOUNDATION, INC.

**Current Principal Place of Business:**

13100 FORT KING ROAD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

13100 FORT KING ROAD  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number: 26-2619350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDLE, ANN  
38631 LANSING AVENUE  
ZEPHYRHILLS, FL 33542      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: P ( ) Delete  
Name: ANDLE, ANN  
Address: 38631 LANSING AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP ( ) Delete  
Name: FOWLER, CLARA MAE  
Address: 37401 ORANGE DALE DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: S/T ( ) Delete  
Name: CARR, ISABEL  
Address: 5059 PIKEVIEW ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: MEM ( ) Delete  
Name: BERMAN, GARY  
Address: 14235 EDWINOLA WAY, APT. 825  
City-St-Zip: DADE CITY, FL 33523

Title: MEM ( ) Delete  
Name: GREEN, JOANNE  
Address: 10115 WELLINGTON AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANDLE, ANN  
Address: 38631 LANSING AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: VP (X) Change ( ) Addition  
Name: FOWLER, CLARA MAE  
Address: 37401 ORANGE DALE DRIVE  
City-St-Zip: DADE CITY, FL 33523 US

Title: S/T (X) Change ( ) Addition  
Name: CARR, ISABEL Q  
Address: 5059 PIKEVIEW ROAD  
City-St-Zip: DADE CITY, FL 33523 US

Title: MEM (X) Change ( ) Addition  
Name: BERMAN, GARY  
Address: 14235 EDWINOLA WAY, APT. 825  
City-St-Zip: DADE CITY, FL 33523 US

Title: MEM (X) Change ( ) Addition  
Name: GREEN, JOANNE  
Address: 10115 WELLINGTON AVENUE  
City-St-Zip: DADE CITY, FL 33525 US

Title: T ( ) Change (X) Addition  
Name: CARR, ISABEL Q  
Address: 5059 PIKEVIEW RD  
City-St-Zip: DADE CITY, FL 33423 US

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: ISABEL Q CARR

S T

04/08/2009

Electronic Signature of Signing Officer or Director

Date