

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12268** (1)

1. Corporation Name

**VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.**



Principal Place of Business

Mailing Address

4406 S FLORIDA AVE  
27  
LAKELAND FL 33813  
US

4406 S FLORIDA AVE  
27  
LAKELAND FL 33813  
US

3. Date Incorporated or Qualified  
**11/21/1985**

3a. Date of Last Report  
**06/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2625297**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, E SNOW JR  
200 LAKE MORTON  
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MARK N ESQUIRE	
STREET ADDRESS	705 LAUREL LANE	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWDEN, DENNIE J	
STREET ADDRESS	1212 STRATTON DRIVE	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ADAMSON, ERIC B	
STREET ADDRESS	146 WOODSIDE DR	
CITY - ST - ZIP	LAKELAND FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	O'REILLY, ALICE C	
STREET ADDRESS	620 LAUREL LANE	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TROIANO, NICHOLAS J ESQ	
STREET ADDRESS	5717 SCOTT LAKE HILLS LANE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, JOHN H	
STREET ADDRESS	5414 GLENMORE DRIVE	
CITY - ST - ZIP	LAKELAND FL 33813	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alice C. O'Reilly* Alice C. O'Reilly Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

Daytime Phone #

941-644-7040

CR2E037 (12/95)