

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12268 (1)**  
1. Corporation Name  
**VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.**



Principal Place of Business <b>4406 S FLORIDA AVE 27 LAKELAND FL 33813 US</b>	Mailing Address <b>4406 S FLORIDA AVE 27 LAKELAND FL 33813-2176 US</b>
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3. Date incorporated or Qualified <b>11/21/1985</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-2625297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip 25. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip 30. Country
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9. Name and Address of Current Registered Agent <b>MARTIN, E SNOW JR 200 LAKE MORTON LAKELAND FL 33801</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 \_\_\_\_\_ (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	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, MARK N ESQUIRE</b>	1.2 NAME	<b>Adamson, Eric</b>
STREET ADDRESS	<b>705 LAUREL LANE</b>	1.3 STREET ADDRESS	<b>146 Woodside Drive</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	1.4 CITY-ST-ZIP	<b>Lakeland Florida 33803</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWDEN, DENNIE J</b>	2.2 NAME	<b>McKnight, John</b>
STREET ADDRESS	<b>1212 STRATTON DRIVE</b>	2.3 STREET ADDRESS	<b>5414 Glenmore Drive</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	2.4 CITY-ST-ZIP	<b>Lakeland Florida 33813</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMSON, ERIC B</b>	3.2 NAME	<b>Ferguson, Ken</b>
STREET ADDRESS	<b>146 WOODSIDE DR</b>	3.3 STREET ADDRESS	<b>212 Palencia Place</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>Lakeland Florida 33803</b>
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'REILLY, ALICE C</b>	4.2 NAME	
STREET ADDRESS	<b>620 LAUREL LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROIANO, NICHOLAS J ESQ</b>	5.2 NAME	<b>Black, Juanita</b>
STREET ADDRESS	<b>5717 SCOTT LAKE HILLS LANE</b>	5.3 STREET ADDRESS	<b>2720 Coventry Avenue</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>Lakeland Florida 33803</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKNIGHT, JOHN H</b>	6.2 NAME	<b>Kirk, Ed</b>
STREET ADDRESS	<b>5414 GLENMORE DRIVE</b>	6.3 STREET ADDRESS	<b>460 Howard Avenue</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	6.4 CITY-ST-ZIP	<b>Lakeland Florida 33801</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 4-15-97 941-644-7040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0053099

CR2E037 (9/96)