

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4406 S FLORIDA AVE 27 LAKELAND FL 33813 US	Mailing Address 4406 S FLORIDA AVE 27 LAKELAND FL 33813 US
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3. Date Incorporated or Qualified 11/21/1985	
4. FEI Number 59-2625297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 853 S. New York Ave.	2a. Mailing Address 26 853 S. New York Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland	City & State 28 Lakeland
Zip 24 33815	Country 25 Polk
Zip 29 33815	Country 30 Polk

9. Name and Address of Current Registered Agent

**MARTIN, E SNOW JR
 200 LAKE MORTON
 LAKELAND FL 33801**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, ERIC
STREET ADDRESS	146 WOODSIDE DRIVE
CITY-ST-ZIP	LAKELAND FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MCKNIGHT, JOHN
STREET ADDRESS	5414 GLENMORE DRIVE
CITY-ST-ZIP	LAKELAND FL
TITLE	T <input checked="" 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	SD <input type="checkbox"/> DELETE
NAME	BLACK, JUANITA
STREET ADDRESS	2720 COVENTRY AVENUE
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McKnight, John
1.3 STREET ADDRESS	5414 Glenmore Dr.
1.4 CITY-ST-ZIP	Lakeland FL 33813
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kirk, Edward
2.3 STREET ADDRESS	460 Howard Ave.
2.4 CITY-ST-ZIP	Lakeland FL 33801
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ferguson, Ken
3.3 STREET ADDRESS	54 Lake Morton Dr.
3.4 CITY-ST-ZIP	Lakeland FL 33801
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 O'Reilly* Alice O'Reilly 4-30-98 941-284-0828

CP2E037 (10/97)