

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N12268

Entity Name: VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.

Current Principal Place of Business:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2625297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, E SNOW JR
200 LAKE MORTON
LAKELAND, FL 33801 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: PD () Delete
Name: ABELS, BRUCE
Address: 3010 SADDLE CREEK RD
City-St-Zip: LAKELAND, FL 33801

Title: VD () Delete
Name: JOHNSON, FRANK
Address: 1035 N BROADWAY AVE
City-St-Zip: BARTOW, FL 33831

Title: TD () Delete
Name: DUNNE, PHILLIP
Address: 3075 GRASSLANDS DR.
City-St-Zip: LAKELAND, FL 33803

Title: MD () Delete
Name: O'REILLY, ALICE C
Address: 620 LAUREL LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: FITZWATER, LU
Address: 1151 E HIGHLAND DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE C O'REILLY

MD

04/26/2004

Electronic Signature of Signing Officer or Director

Date