

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727231

Entity Name: MEDICAL CENTER OF TRINITY VOLUNTEERS, INC.**Current Principal Place of Business:**9330 S.R. 54
TRINITY, FL 34655**Current Mailing Address:**9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655**FEI Number:** 59-1907202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, MARTHA S TREASURER
9330 S.R. 54
VOLUNTEERS
TRINITY, FL 34655 US*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:** MARTHA S. WILLIAMS

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GELLER, JUDITH
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title VP
Name AUSTIN, CARLA
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name MILLER, ROBERT P
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name GELLER, JUDITH
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name TILFORD, BOBBY
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name WILLIAMS, MARTHA
Address 9330 S.R. 54
VOLUNTEERS
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name WALLEN, RORY
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name AUSTIN, CARLA
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

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I hereby 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 all other like empowered.

SIGNATURE: MARTHA S. WILLIAMS

TREASURER

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DRACHENBERG, PEGGY
Address 9330 S.R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name WISCHMANN, DAVID
Address 9330 S. R. 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name KNOWLES, RYAN
Address 9330 S. R. 54
City-State-Zip: TRINITY FL 34655