

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010056

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC5341778963**

**Entity Name:** BAYFRONT HEALTH DADE CITY VOLUNTEER FOUNDATION, INC.

**Current Principal Place of Business:**

13100 FORT KING ROAD  
GIFT SHOP  
DADE CITY, FL 33525

**Current Mailing Address:**

13100 FORT KING RD  
GIFT SHOP  
DADE CITY, FL 33525 US

**FEI Number: 26-2619350**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GOTTSHALK, DAVID  
11114 PALAMINO DRIVE  
DADE CITY, FL 33525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            DEVINE, JANET  
Address        19245 N US HIGHWAY 301  
City-State-Zip: DADE CITY FL 33523

Title            VP  
Name            MACEWEN-NICHOLSON, ROBERTA E  
Address        10640 COLLAR DRIVE  
City-State-Zip: SAN ANTONIO FL 33576

Title            MEM  
Name            SMITH, IDA  
Address        16501 JESSAMINE ST  
City-State-Zip: DADE CITY FL 33576

Title            TREA  
Name            GOTTSHALK, DAVID  
Address        11114 PALAMINO DRIVE  
City-State-Zip: DADE CITY FL 33525

Title            MEM  
Name            GREGORY, BEVERLY A  
Address        38576 VALLEY OAKS CR #204  
City-State-Zip: ZEOHYR HILLS FL 33540

Title            ST  
Name            MACEWEN-NICHOLSON, ROBERTA E  
Address        10640 COLLAR DRIVE  
City-State-Zip: SAN ANTONIO FL 33576

*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: DAVID GOTTSHALK**

**TREASURER**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date