

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010056

FILED
Jan 05, 2016
Secretary of State
CC2594565381

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: No

Name and Address of Current Registered Agent:

GOTTSHALK, DAVID
11114PALAMINO 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, SEC
Name PHILBRICK, JEAN
Address 7721 ARMS DRIVE
City-State-Zip: ZEPHYRHILLS FL 33540

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

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

01/05/2016

Electronic Signature of Signing Officer/Director Detail

Date