

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010056

**FILED**  
**Feb 18, 2013**  
**Secretary of State**  
**CC0359817954**

**Entity Name:** PASCO REGIONAL MEDICAL CENTER 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:**

CARR, ISABEL Q  
5059 PIKEVIEW RD  
DADE CITY, FL 33523 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            FOWLER, CLARA M  
Address        37401 ORANGEDALE DRIVE  
City-State-Zip: DADE CITY FL 33525

Title            VP  
Name            KEEFE, MARY  
Address        35137 MCCULLOUGH'S LEAP  
City-State-Zip: ZEPHYR HILLS FL 33541

Title            SEC  
Name            CARR, ISABEL Q  
Address        5059 PIKEVIEW ROAD  
City-State-Zip: DADE CITY FL 33523

Title            MEM  
Name            DEVINE, JAN  
Address        19245 US HWY 301  
City-State-Zip: DADE CITY FL 33523

Title            MEM  
Name            KRAL, BOOTH  
Address        13029 THOROUGHbred DR  
City-State-Zip: DADE CITY FL 33576

Title            TREA  
Name            CARR, ISABEL Q  
Address        5059 PIKEVIEW RD  
City-State-Zip: DADE CITY FL 33423

*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: ISABEL Q CARR**

**SECRETARY-TREASURER 02/18/2013**

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

\_\_\_\_\_  
Date