

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727231 (3)  
1. Corporation Name  
**VOLUNTEERS OF NEW PORT RICHEY HOSPITAL, INC.**



Principal Place of Business: P.O. BOX 996, NEW PORT RICHEY FL 34656  
Mailing Address: P.O. BOX 996, NEW PORT RICHEY FL 34656

3. Date Incorporated or Qualified: 08/22/1973  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-1907202  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**NEWMAN, ROGER  
5637 MARINE PKWY.  
NEW PORT RICHEY FL 34656**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, ED	
STREET ADDRESS	4445 HAMPTON DR.	
CITY-ST-ZIP	NEW PT. RICHEY FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOYNER, RUTH	
STREET ADDRESS	9108 BASSETT LN	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LERCH, LUCILLE	
STREET ADDRESS	3442 SPRINGFIELD DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROLLO, FRANK	
STREET ADDRESS	6041 BALBOA DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWMAN, ROGER	
STREET ADDRESS	1351 SAFFRON WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, LOIS	
STREET ADDRESS	4217 EDGEWOOD DR.	
CITY-ST-ZIP	HOLIDAY FL 34691	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marjorie London Price	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Arthur Mandeville	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger Newman 4/28/96 813-972-7771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)