

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 026 ****61.25

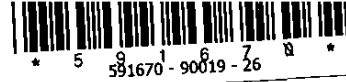
DOCUMENT # 727231

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1907202

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, ROGER
5637 MARINE PKWY.
NEW PORT RICHEY FL 34656

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HARRISON, ED
4445 HAMPTON DR.
NEW PT. RICHEY FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
JAMES CALVIN
5357 EL CERRO DR
NPA FL 34655

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PRACE, MARJORIE L
9108 BASSETT LN
NEW PT RICHEY FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VICE PRESIDENT
EARL MCNEIL
3035 BIXLER CT
HOLIDAY FL 34696

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LERCH, LUCILLE
3442 SPRINGFIELD DRIVE
HOLIDAY FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TREASURER
CLAIR MABEE
4711 RAWAN RD APT#408
NEW PORT Richey, FL 34653

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROLLO, FRANK
6041 BALBOA DRIVE
NEW PORT RICHEY FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
ASST. TREASURER
MARJORIE SMITH
5240 SPARROW DR
HOLIDAY, FL 34690

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NEWMAN, ROGER
1351 SAFFRON WAY
NEW PORT RICHEY FL 34655

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
SECRETARY
Robert Loeffler
8141 Aquila St #345
Port Richey, FL 34652

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANDERVILLE, ARTHUR
4217 EDGEWOOD DR.
HOLIDAY FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DIRECTOR
BARBARA McQueen
9221 ESTRADIA PL
NEW PORT Richey, FL 34655

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99.

Date

Daytime Phone #

CR2E037 (5/99)