2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90023 003 ****61.25

50015549

DOCUMENT # 727231

1. Entity Name
COMMUNITY HOSPITAL VOLUNTEERS, INC.

Principal Place of Business	Mailing Address
COMMUNITY HOSP. VOLUNTEERS 5637 MARINE PKWY NEW PORT RICHEY, FL 34656	VOLUNTEER OF N.P.R. HOSP P.O. BOX 996 NEW PORT RICHEY, FL 34656

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Community Hospital Volunteers 5637 Marine Pkwy
City & State	New Port Richey FL
Zip / Country	34656 / USA

4. FEI Number 59-1907202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MABEE, CLAIR
5637 MARINE PKWY.
NEW PORT RICHEY, FL 34656

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR ROLLO, FRANK 7235 CARLTON ARMS DR. NEW PORT RICHEY, FL 34653	☐ Delete	P Prace, David 4745 Floramar Terrace New Port Richey FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CALVIN, JAMES 5357 EL CERRO DR. NEW PORT RICHEY, FL 34655	☐ Delete	V Rollo, Frank 7235 Carlton Arms Dr New Port Richey FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MABEE, CLAIR 5637 MARINE PKWY NEW PORT RICHEY, FL 34656	☐ Delete	TR Maureen Hayes 5637 Marine Pkwy New Port Richey, FL 34656	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TADDY, BARBARA 4452 GARNET DRIVE NEW PORT RICHEY, FL 34652	☐ Delete	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIDHAM, JUNE 9545 DANVILLE COURT NEW PORT RICHEY, FL 34655	☒ Delete	D Calvin, James 5357 El Cerro Dr. New Port Richey FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ David Prace 2/1/05 727-834-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #