2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90127 039 ****61.25

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	COMMUNITY HOSPITAL VOLUNTEER 5637 MARINE PKWY NEW PORT RICHEY FL 34656

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
~~MABEE, CLAIR~~ Mark, Rae 5637 MARINE PKWY. NEW PORT RICHEY FL 34656	Name: Mark, Rae Street Address (P.O. Box Number is Not Acceptable): 5637 Marine Pkwy City: New Port Richey FL Zip Code: 34656

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: Rae Mark (Rae Mark) TR 2/7/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	P PRACE, DAVID 4745 FLORAMAR TERRACE NEW PORT RICHEY FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Calvin, Jim 5637 Marine Pkwy. New Port Richey, FL 34656 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROLLO, FRANK 7235 CARLTON ARMS DR NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Rollo, Frank 5637 Marine Pkwy. New Port Richey, FL 34656 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MABEE, CLAIR 5637 MARINE PKWY NEW PORT RICHEY FL 34656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mark, Rae 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Taddy, Barbara 5637 Marine Pkwy. New Port Richey, FL 34656 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALVIN, JAMES 5357 EL CERRO DR NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Prace, David 5637 Marine Pkwy. New Port Richey, FL 34656 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HAYES, MAUREEN 5637 MARINE PKWY NEW PORT RICHEY FL 34656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rae Mark (Rae Mark) TR 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #