## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727231** 

FILED Feb 01, 2011 Secretary of State

Entity Name: COMMUNITY HOSPITAL VOLUNTEERS, INC.

Current Principal Place of Business: New Principal Place of Business:

COMMUNITY HOSP. VOLUNTEERS 5637 MARINE PKWY NEW PORT RICHEY, FL 34656

Current Mailing Address: New Mailing Address:

COMMUNITY HOSP, VOLUNTEERS 5637 MARINE PKWY NEW PORT RICHEY, FL 34656

FEI Number: 59-1907202 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARK, RAE 5637 MARINE PKWY NEW PORT RICHEY, FL 34656 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

## **OFFICERS AND DIRECTORS:**

Title: F

Name: TADDA, BARBARA Address: 5637 MARINE PKWY

City-St-Zip: NEW PORT RICHEY, FL 34656

NEW PORT RICHEY, FL 34656

Title: VP

Name: ROLLO, FRANK Address: 5637 MARINE PKWY

Title:

City-St-Zip:

Name: MARK, RAE

Address: 5637 MARINE PKWY

City-St-Zip: NEW PORT RICHEY, FL 34656

Title:

Name: CORONA, BARBARA Address: 5637 MARINE PKWY

City-St-Zip: NEW PORT RICHEY, FL 34656

Title: [

Name: MCAFEE, ROBERT Address: 5637 MARINE PKWY

City-St-Zip: NEW PORT RICHEY, FL 34656

Title: [

Name: GROGER, BARBARA Address: 5637 MARINE PKWY

City-St-Zip: NEW PORT RICHEY, FL 34656

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: RAE MARK T 02/01/2011