

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90004 047 \*\*\*\*61.25

**DOCUMENT # 740348**

1. Entity Name  
**VOLUNTEER SERVICES LEAGUE OF SEVEN RIVERS  
COMMUNITY HOSPITAL, INC.**



Principal Place of Business  
**6201 N. SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428**

Mailing Address  
**6201 N. SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428**

**54071218**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1944933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STACKLIN, ELIZABETH  
244 PALM STREET  
INGLIS, FL 34449**

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

**ELIZABETH STACKLIN**

*Elizabeth Stacklin*

**8-24-04**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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 PD ☐ Delete  
NAME OZEE, LOUISE  
STREET ADDRESS 8371 W. DIXIE COURT  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GAUNT, ALICE  
STREET ADDRESS 8904 W. FORESTVIEW DR  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 2VP ☒ Delete  
NAME MORRISON, MARJORIE  
STREET ADDRESS 1313 NE 5TH AVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME JOHNSON, VIVIE B  
STREET ADDRESS 1589 N FOXBORO LOOP  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition  
NAME DONNA LEARY  
STREET ADDRESS 3491 W Pine Ridge Blvd  
CITY-ST-ZIP Beverly Hills, FL 34465

TITLE S ☒ Delete  
NAME HOOVER, PAMELA  
STREET ADDRESS 4 SEABREEZE DRIVE  
CITY-ST-ZIP INGLIS, FL 34449

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME STACKLIN, ELIZABETH  
STREET ADDRESS 244 PALM ST  
CITY-ST-ZIP INGLIS, FL 34449

TITLE ☒ Change ☐ Addition  
NAME Jean M. Olson  
STREET ADDRESS 13162 SE 47th Court  
CITY-ST-ZIP Bellview, FL 34420

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:

*Louise Oze*

**8-24-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #