



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90130 021 \*\*\*\*61.25

<b>DOCUMENT # 740348</b> 1. Entity Name <b>VOLUNTEER SERVICES LEAGUE OF SEVEN RIVERS COMMUNITY HOSPITAL, INC.</b>					
Principal Place of Business <b>6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428</b>				Mailing Address <b>6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
01182005    Chg-NP                      CR2E037 (10/03)				4. FEI Number <b>59-1944933</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>STACKLIN, ELIZABETH 244 PALM STREET INGLIS, FL 34449</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Elizabeth Stacklin</i> <i>Elizabeth Stacklin</i> <i>4-21-05</i> <small>Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OZEE, LOUISE 8371 W. DIXIE COURT HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD STACKLIN, ELIZABETH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>244 PALM ST.</b> <b>INGLIS, FL 34449</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAUNT, ALICE 8904 W. FORESTVIEW DR HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD OZEE, LOUISE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8371 W. DIXIE COURT</b> <b>HOMOSASSA, FL 34449</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEARY, DONNA 3491 W PINE RIDGE BLVD BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OLSON, JEAN M 13162 SE 47TH COURT BELLEVIEW, FL 34420 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD VERA FREDERICK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7012 W. PINE BROOK ST.</b> <b>CRYSTAL RIVER, FL 34429</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Elizabeth Stacklin, Pres.</i> <i>4-21-05</i> <i>(352) 795-8356</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					