

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90040 016 ****61.25

DOCUMENT # 740348 1. Entity Name VOLUNTEER SERVICES LEAGUE, SEVEN RIVERS REGIONAL MEDICAL CENTER, INC.					
Principal Place of Business 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428			Mailing Address 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1944933	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STACKLIN, ELIZABETH 244 PALM STREET INGLIS, FL 34449			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD STACKLIN, ELIZABETH 244 PALM STREET INGLIS, FL 34449		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TISCHER, MARJORIE J 489 CRYSTAL RIVER VILLAGE CRYSTAL RIVER, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOVER, PAMELA 26 SEABREEZE DR INGLIS, FL 34449		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERA, FREDERICK 7012 W PINE BROOK STREET CRYSTAL RIVER, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
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	
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 exemptions contained in Chapter 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: Elizabeth Stacklin Elizabeth STACKLIN					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-5-07 Daytime Phone # (352)795-8356	