


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 740348</b> 1. Entity Name VOLUNTEER SERVICES LEAGUE, SEVEN RIVERS REGIONAL MEDICAL CENTER, INC.	
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Principal Place of Business 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428	Mailing Address 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428
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**DO NOT WRITE IN THIS SPACE**



05042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1944933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  STACKLIN, ELIZABETH 244 PALM STREET INGLIS, FL 34449
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**DO NOT WRITE  
IN THIS SPACE**

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> <small>Signature, word or printed name of registered agent and title if applicable</small>	<i>Elizabeth Stacklin</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	5-5-08 <small>DATE</small>

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000949552 06/03/08-80032-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACKLIN, ELIZABETH 244 PALM STREET INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TISCHER, MARJORIE J 489 CRYSTAL RIVER VILLAGE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOVER, PAMELA 26 SEABREEZE DR INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, NAOMI 6300 CANNONDALE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Elizabeth Stacklin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5-5-08 <small>Date</small>	352-795-8356 <small>Daytime Phone #</small>