

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740348

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** VOLUNTEER SERVICES LEAGUE, SEVEN RIVERS REGIONAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

6201 N. SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

6201 N. SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

**New Mailing Address:**

**FEI Number:** 59-1944933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STACKLIN, ELIZABETH  
244 PALM STREET  
INGLIS, FL 34449 US

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

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: PD ( ) Delete  
Name: STACKLIN, ELIZABETH  
Address: 244 PALM STREET  
City-St-Zip: INGLIS, FL 34449

Title: TD ( ) Delete  
Name: TISCHER, MARJORIE J  
Address: 489 CRYSTAL RIVER VILLAGE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S ( ) Delete  
Name: HOOVER, PAMELA  
Address: 26 SEABREEZE DR  
City-St-Zip: INGLIS, FL 34449

Title: VD ( ) Delete  
Name: GRAY, NAOMI  
Address: 6300 CANNONDALE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SCHEMPF, COREEN  
Address: 3790 WEST GERALDINE DRIVE  
City-St-Zip: CITURS SPRINGS, FL 34433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH STACKLIN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date