

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740348

FILED
Apr 29, 2011
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
Name: STACKLIN, ELIZABETH
Address: 244 PALM STREET
City-St-Zip: INGLIS, FL 34449

Title: TD
Name: CLARK, SHARON
Address: 2250 WEST MIDDLE LANE
City-St-Zip: LECANTO, FL 34461

Title: S
Name: JOHNSON, VIVIEN B
Address: 1589 NORTH FOXBORO LOOP
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD
Name: SCHEMPF, COREEN
Address: 3790 GERALDINE DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34433

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH STACKLIN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date