

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90321 044 \*\*\*\*61.25

**DOCUMENT # 767539**

1. Entity Name  
**DELRAY COMMUNITY HOSPITAL VOLUNTEERS, INC.**



Principal Place of Business  
**5352 LINTON BLVD  
DELRAY BEACH FL 33484**

Mailing Address  
**5352 LINTON BLVD  
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2351286**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOY, BECKY  
5352 LINTON BLVD  
DELRAY BEACH FL 33484**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **DAVIS, DOLLY**  
STREET ADDRESS **14112 HUNTINGTON PTE DR #406**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition  
NAME *Dolly Davis*  
STREET ADDRESS *14112 Huntington Pte*  
CITY-ST-ZIP *Delray Beach, FL 33484*

TITLE **P** ☐ Delete  
NAME **GORDON, BERTHA**  
STREET ADDRESS **6821 MOONLIT DR**  
CITY-ST-ZIP **DELRAY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SELIGMAN, SHIRLEY**  
STREET ADDRESS **10633 PALM LEAF DR.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME *Shirley Seligman*  
STREET ADDRESS *10633 Palm Leaf Dr.*  
CITY-ST-ZIP *Boynton Beach, FL 33437*

TITLE **D** ☐ Delete  
NAME **GIMLER, ART**  
STREET ADDRESS **5293 CLEVELAND ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **RAYMER, HOWARD**  
STREET ADDRESS **10439 S CIRCLE LAKE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RAYMER, FRANCES**  
STREET ADDRESS **10439 S CIRCLE LAKE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Bertha Gordon* **BERTHA GORDON** 4/23/03 561-495-3243

CR2E037 (10/02)