FILED Mar 04, 1999 8:00 am NONPROFIT **Secretary of State** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 03-04-1999 90059 016 ****70.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # 769601** Corporation Name **VOLUNTEER CENTER SOUTH, INC.** 266447 - 90048 - 30 Mailing Address Principal Place of Business 400 TAMIAMI TR \$ 400 TAMIAMI TR S SUITE 230 VENICE FL 34285 VENICE FL 34285 Date incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 07/28/1983 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2346440 Not Applicable 27 \$8.75 Additional City & State City & State 5. Certificate of Status Desired Fee Required Country \$5.00 May Be 6. Election Campaign Financing Country Zip Added to Fees Trust Fund Contribution 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Megaries, Brigham Street Address (P.O. Box Number is Not Acceptable) 82 WILKIN, SHARON L. (MRS.) 400 TAMIAMI TRL, SUITE #230 VENICE FL 34285 34285 Venice 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE DE SE 1.1 TITLE TITLE Gordon Reineke 12 NAME TRASCIK, NANCY NAME IIII 5. MCCall Rd #1887 1.3 STREET ADDRESS 540 THE RIALTO STREET ADDRESS Englewood, FL 34295 VENICE FL 34285 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 21 TITLE Betty Poetker Short 400 S. Tamiami Tr. Poetker Short REINEKE, GORDON 22 NAME NAME 230 2.1 STREET ADORESS 353 EDEN DRIVE STREET ADDRESS 3428 levice **ENGLEWOOD FL** 2 A CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TILE ŊΤ wendy fishman Ave-WENDY FISHMAN 32 NAME NAME 3.3 STREET ADDRES 200 S. NOKOMIS AVE. STREET ADDRESS enice FL 34285 34. CITY-ST-ZIP. VENICE FL-CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE DS TITLE Kathie Jette 20. Box 1529 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 34274 4.4 CITY-ST-ZIP 20KOM15. CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

B.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TODE

NAME

DELETE

Change

Addition