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Jul 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H07554** (9)  
1. Corporation Name  
**OAK HILL COMMUNITY HOSPITAL VOLUNTEERS, INC.**



Principal Place of Business  
**11375 CORTEZ BLVD.  
SPRING HILL FL 34613-5409**

Mailing Address  
**11375 CORTEZ BLVD.  
SPRING HILL FL 34613-5409**

3. Date Incorporated or Qualified  
**06/12/1984**

3a. Date of Last Report  
**07/11/1996**

2. Principal Place of Business 21 <b>CRMC OAK HILL FLA</b>	2a. Mailing Address 26 <b>P.O. Box 5300</b>	4. FEI Number <b>59-2472574</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>-</b>	Suite, Apt. #, etc. 27 <b>-</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>SPRING HILL FLA</b>	City & State 28 <b>SPRING HILL FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>34604</b>	Country 25 <b>HERNANDO</b>	7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29 <b>34604</b>	Country 30 <b>HERNANDO</b>		

9. Name and Address of Current Registered Agent  
**FINNEGAN, JOHN R.  
11375 CORTEZ BLVD.  
BROOKSVILLE FL 34611**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Samp* DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINNEGAN, JOHN R.</b>	1.2 NAME	
STREET ADDRESS	<b>11375 CORTEZ BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLON, KAY</b>	2.2 NAME	
STREET ADDRESS	<b>7417 NIELSON AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACHATZ, MADELINE</b>	3.2 NAME	
STREET ADDRESS	<b>11125 TILBURG ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULL, WALTER</b>	4.2 NAME	
STREET ADDRESS	<b>3257 ABELINE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICKLEY, JOYCE</b>	5.2 NAME	
STREET ADDRESS	<b>8075 STOCKHOLM ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* DATE *7/8/97*

CR2E034 (9/96)