

DOCUMENT # H07554

1. Entity Name

OAK HILL COMMUNITY HOSPITAL VOLUNTEERS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90054 034 ***150.00

Principal Place of Business

OAK HILL FLA
SPRING HILL FL 34606
US

Mailing Address

PO BOX 5300
SPRING HILL FL 34606
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2472574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGNIEZ, BARBARA
12243 RONALD ST
SPRING HILL FL 34689

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	WRSOLOWSKI, JAIME	
STREET ADDRESS	11375 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGNIEZ, BARBARA	
STREET ADDRESS	12243 RONALD ST	
CITY-ST-ZIP	SPRING HILL FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	9019 BONNET WAY	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MEGERVEY, MARIE	
STREET ADDRESS	5407 DRALIA ST	
CITY-ST-ZIP	SPRING HILL FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISWELL, PHYLLIS	
STREET ADDRESS	6134 Bear Trail	
CITY-ST-ZIP	Spring Hill FL 34607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Elroy, Bruce	
STREET ADDRESS	8575 Electra Ave	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis M Chiswell

Date

1/9/01 352 596 6632

Display Name

EXT 3639

CR2E034 (10/00)