

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90066 048 ***150.00

DOCUMENT # H07554 1. Entity Name OAK HILL COMMUNITY HOSPITAL VOLUNTEERS, INC.			
Principal Place of Business 11375 CORTEZ BLVD. SPRING HILL, FL 34611 US		Mailing Address PO BOX 5300 SPRING HILL, FL 34611 US	
2. Principal Place of Business 11375 Cortez Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5300 Suite, Apt. #, etc.	
City & State Spring Hill, FL Zip Country		City & State Spring Hill, FL Zip Country	
4. FEI Number 59-2472574		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAVALUNAS, LOIS 11375 CORTEZ BLVD. SPRING HILL, FL 34611		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Lois Kavalunas</i> Lois Kavalunas, Pres. 3/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO SMITH, MICKEY 11375 CORTEZ BLVD BROOKSVILLE, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHNEIDER, DIANE 11375 CORTEZ BLVD. SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHISWELL, PHYLLIS 11375 CORTEZ BLVD. SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAVALUNAS, LOIS 11375 CORTEZ BLVD. SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SURLES, RUTH T 11375 CORTEZ BLVD. SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Helen J. Rombaut 11375 Cortez Blvd. Spring Hill, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: <i>Phyllis Chiswell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Phyllis Chiswell 3/23/05 Treasurer Date (352) 597-3038	