2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2009
Secretary of State

DOCUMENT# L92215

Entity Name: REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS ASSOCIATION, INC.

Current Principal Place of Business:

14000 FIVAY RD
HUDSON, FL 346677103

New Principal Place of Business:

Current Mailing Address:

14000 FIVAY RD
HUDSON, FL 346677103

New Mailing Address:

FEI Number: 59-3043544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSENGILL, LEIGH
14000 FIVAY ROAD
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHALIN, SHAH	
Address:	14000 FIVAY ROAD	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	MASSENGILL, LEIGH	
Address:	14000 FIVAY RD.	
City-St-Zip:	HUDSON, FL 34667	
Title:	P	( ) Delete
Name:	HAMMER, DANIEL	
Address:	8605 STONEHEDGE WAY	
City-St-Zip:	HUDSON, FL 34667	
Title:	S	( ) Delete
Name:	GOLDMAN, BLOSSOM	
Address:	11115 ARECA DR.	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	T	( ) Delete
Name:	TOBIANSKI, GERALD J	
Address:	12141 SPARTAN WAY #102	
City-St-Zip:	HUDSON, FL 34667	
Title:	V	( ) Delete
Name:	MATELLA, CHARLES	
Address:	11516 ALDEN COURT	
City-St-Zip:	HUDSON, FL 34667	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	NIEBLER, GEORGE	
Address:	18751 SUGARBERRY LANE	
City-St-Zip:	SPRINGHILL, FL 34610	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	DURAND, CATHERINE	
Address:	1405 SAGEWOOD DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 33553	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD TOBIANSKI T 08/07/2009

Electronic Signature of Signing Officer or Director Date