2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N04000011455

Entity Name: HEALTHCARE VOLUNTEERS OF VENICE, SERVING HOSPITAL PATIENTS AND THE COMMUNITY, INC.

Current Principal Place of Business:

540 THE RIALTO
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

540 THE RIALTO
VENICE, FL 34285

New Mailing Address:

FEI Number: 20-2215389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, FRANK
910 BOCA ROYALE BLVD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

COLLINS, FRANK
10 BOCA ROYALE BLVD
ENGLEWOOD, FL 34223 US

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: _____ 01/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: JOYNSON, ROBERT
Address: 1713 LAKESIDE DR
City-St-Zip: VENICE, FL 34293

Title: S ( ) Delete
Name: MALLINGER, SHEILA
Address: 109 PORTOFINO DR
City-St-Zip: NOKOMIS, FL 34275

Title: P ( ) Delete
Name: COLLINS, FRANK
Address: 10 BOCA ROYALE BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: PE ( ) Delete
Name: FROTANA, ALFRED
Address: 303 AUBURN LAKES CIR
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change ( ) Addition
Name: FONTANA, ALFRED
Address: 303 AUBURN LAKES CIR
City-St-Zip: VENICE, FL 34292

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK COLLINS P 01/15/2009
Electronic Signature of Signing Officer or Director — Date