

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011455

FILED  
Jan 25, 2010  
Secretary of State

**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  
10 BOCA ROYALE BLVD  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

FONTANA, ALFRED  
303 AUBURN LAKES CIR  
VENICE, FL 34292 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: ALFRED FONTANA

01/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: HARDEN, VIRGINIA  
Address: 2080 BATELLO DR.  
City-St-Zip: VENICE, FL 34292

Title: PE  
Name: MILLER, PATRICIA  
Address: 122 SAVONA WAY  
City-St-Zip: VENICE, FL 34275

Title: P  
Name: FONTANA, ALFRED  
Address: 303 AUBURN LAKES CIR  
City-St-Zip: VENICE, FL 34292

I hereby 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 all other like empowered.

SIGNATURE: ALFRED FONTANA

P

01/25/2010

Electronic Signature of Signing Officer or Director

Date