

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90247 009 ****61.25

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1. Entity Name

OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.



Principal Place of Business

11375 CORTEZ BLVD
SPRING HILL FL 34613

Mailing Address

11375 CORTEZ BLVD
SPRING HILL FL 34613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
51-0544095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHISWELL, PHYLLIS
5531 LEDGENHILLS LN.
SPRING HILL FL 34609

Name Schneider, Diane

Street Address (P.O. Box Number is Not Acceptable)
11375 Cortez Blvd

City Spring Hill

FL Zip Code 34611

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

Phyllis Chiswell

Phyllis Chiswell, Treasurer

4/26.06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME O
STREET ADDRESS SMITH, MICKEY
CITY-ST-ZIP 11375 CORTEZ BLVD
SPRING HILL FL 34613

TITLE ☒ Delete
NAME P
STREET ADDRESS KAVALUNAS, LOIS
CITY-ST-ZIP 7308 PRINCE GEORGE CT.
SPRING HILL FL 34606

TITLE ☒ Delete
NAME V
STREET ADDRESS SCHNEIDER, DIANE
CITY-ST-ZIP 13287 DON LOOP
SPRING HILL FL 34609

TITLE ☐ Delete
NAME T
STREET ADDRESS CHISWELL, PHYLLIS
CITY-ST-ZIP 5531 LEDGENHILLS LN.
SPRING HILL FL 34609

TITLE ☐ Delete
NAME D
STREET ADDRESS ROMBAUT, HELEN J
CITY-ST-ZIP 8039 WESTERN CIRCLE DR.
BROOKSVILLE FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Schneider, Diane
CITY-ST-ZIP 5616 Legend Hills Ln
Brooksville FL 34609

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS Kaelin Dorothy M
CITY-ST-ZIP 6388 Blackbird Ave
Brooksville FL 34613

TITLE ☐ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

Dorothy M. Kaelin

Dorothy M. Kaelin

4/26/06



**Oak Hill
Hospital**

Volunteer Association, Inc.

ATTACHMENT

50018527
#16500004910

April 26, 2006

Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Gentlemen:

RE: FEI Number 51-0544095

Please find enclosed our 2006 Not-For-Profit Corporation
Annual Report showing the following changes:

President: Diane Schneider
5616 Legend Hills Lane
Brooksville, FL 34609

Vice President: Dorothy M. Kaelin
6388 Blackbird Avenue
Brooksville, FL 34613

It should also be noted that our Secretary is
Helen J. Rombaut. She is not a Director as noted
on the pre-printed form.

Thank you.

Phyllis M. Chiswell
Treasurer

Enclosure - Ck. #5527, Amt. \$61.25