

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # N05000004910

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**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**SCHNEIDER, DIANE
11375 CORTEZ BLVD
SPRING HILL, FL 34611**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SCHNEIDER, DIANE
5616 LEGEND HILLS LN
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KAELIN, DOROTHY M
6388 BLACKBIRD AVE
BROOKSVILLE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CHISWELL, PHYLLIS
5531 LEDGEND HILLS LN.
SPRING HILL, FL 34609**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000636339
02/26/07-80012-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Diane L. Schneider **Diane L. Schneider, Pres.** **2/5/07 352-597-3038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #