2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90017 030 ****61.25

DOCUMENT # N05000004910

1. Entity Name

OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11375 CORTEZ BLVD SPRING HILL FL 34613	11375 CORTEZ BLVD SPRING HILL FL 34613

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
SCHNEIDER, DIANE 11375 CORTEZ BLVD SPRING HILL FL 34611	Name: Kaelin, Dorothy M. Street Address (P.O. Box Number is Not Acceptable): 11375 Cortez Blvd. Spring Hill, City: 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: Dorothy M. Kaelin — Dorothy M. Kaelin, Pres. — 4-08-08

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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O SMITH, MICKEY 11375 CORTEZ BLVD SPRING HILL FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHNEIDER, DIANE 5616 LEGEND HILLS LN SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kaelin, Dorothy M. 6338 Blackbird Ave. Spring Hill, FL 34609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAELIN, DOROTHY M 6388 BLACKBIRD AVE BROOKSVILLE FL 34613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Dixon, Robert A. 5694 Legend Hills Ln. Spring Hill, FL 34609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHISWELL, PHYLLIS 5531 LEDGEND HILLS LN. SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROMBAUT, HELEN J 8039 WESTERN CIRCLE DR. BROOKSVILLE FL 34613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Trent, Patricia E. 11039 Frigate Bird Ave. Weeki Wachee, FL 34613 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Phyllis M. Chiswell — Phyllis M. Chiswell, Treas. — 4-08-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR