

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004910

FILED
Feb 03, 2009
Secretary of State

Entity Name: OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

Current Principal Place of Business:

11375 CORTEZ BLVD
SPRING HILL, FL 34613

New Principal Place of Business:

Current Mailing Address:

11375 CORTEZ BLVD
SPRING HILL, FL 34613

New Mailing Address:

FEI Number: 51-0544095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAELIN, DOROTHY M
11375 CORTEZ BOULEVARD
SPRING HILL, FL 34611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: SMITH, MICKEY
Address: 11375 CORTEZ BLVD
City-St-Zip: SPRING HILL, FL 34613

Title: P () Delete
Name: KAELIN, DOROTHY M
Address: 6338 BLACKBIRD AVENUE
City-St-Zip: SPRING HILL, FL 34609

Title: V () Delete
Name: DIXON, ROBERT A
Address: 5694 LEGEND HILLS LANE
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: CHISWELL, PHYLLIS
Address: 5531 LEDGEND HILLS LN.
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: TRENT, PATRICIA E
Address: 11039 FRIGATE BIRD AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

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

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

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: PHYLLIS M. CHISWELL

T

02/03/2009

Electronic Signature of Signing Officer or Director

Date