2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# N12268

Entity Name: VOLUNTEERS IN SERVICE TO THE ELDERLY, INC.

Current Principal Place of Business:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2625297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTIN, E SNOW JR
200 LAKE MORTON
LAKELAND, FL 33801 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: PD ( ) Delete
Name: JOHNSON, FRANK
Address: 1035 N BROADWAY AVE
City-St-Zip: BARTOW, FL 33831

Title: VD ( ) Delete
Name: STEPHENS, JACK T
Address: 1324 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: TD ( ) Delete
Name: DUNNE, PHILLIP
Address: 3415 TURNBERRY DR
City-St-Zip: LAKELAND, FL 33803

Title: MD ( ) Delete
Name: O'REILLY, ALICE C
Address: 3429 BARLEY CT
City-St-Zip: LAKELAND, FL 33803

Title: SD ( ) Delete
Name: MCBRIDE, SCOTT
Address: 2808 NEW TAMPA HWY
City-St-Zip: LAKELAND, FL 33815

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JOHNSON, FRANK
Address: 1035 N BROADWAY AVE
City-St-Zip: BARTOW, FL 33831

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

Title: PD (X) Change ( ) Addition
Name: DUNNE, PHILLIP
Address: 3415 TURNBERRY DR
City-St-Zip: LAKELAND, FL 33803

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

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

Title: D ( ) Change (X) Addition
Name: FITZWATER, LU
Address: 1232 E MAGNOLIA ST
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE C O'REILLY MD 02/28/2007

Electronic Signature of Signing Officer or Director — Date