

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12268

FILED
Jan 19, 2009
Secretary of State

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: SD () Delete
Name: JACKSON, LEE
Address: 1396 JEFFERSON DR
City-St-Zip: LAKELAND, FL 33803

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

Title: TD () Delete
Name: EANETT, DARLENE
Address: 331 S FLORIDA AV #400
City-St-Zip: LAKELAND, FL 33801

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

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

Title: VD () Delete
Name: FITZWATER, LU
Address: 1151 E HIGHLAND ST
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JACKSON, LEE
Address: 1396 JEFFERSON DR
City-St-Zip: LAKELAND, FL 33803

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: D (X) Change () Addition
Name: MCBRIDE, SCOTT
Address: 2808 NEW TAMPA HWY
City-St-Zip: LAKELAND, FL 33815

Title: PD (X) Change () Addition
Name: FITZWATER, LU
Address: 1151 E HIGHLAND ST
City-St-Zip: LAKELAND, FL 33813

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: ALICE C O'REILLY

MD

01/19/2009

Electronic Signature of Signing Officer or Director

Date