

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004580 (5)

1. Corporation Name

VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER INC.



Principal Place of Business

Mailing Address

809 EAST MARION AVENUE  
PUNTA GORDA FL 33950

809 EAST MARION AVENUE  
PUNTA GORDA FL 33950-3819

3. Date Incorporated or Qualified  
09/25/1995

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0620537

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DERR, ELLY S  
3743 BORDEAUX DRIVE  
PUNTA GORDA FL FL339-50

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Elly S. Derr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [X] DELETE  
NAME DERR, ELLY S  
STREET ADDRESS 3743 BORDEAUX DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33950

1.1 TITLE PD [X] Change [ ] Addition  
1.2 NAME PENNY, ALEXANDER C.  
1.3 STREET ADDRESS 6400 Taylor Road, B-13  
1.4 CITY-ST-ZIP Punta Gorda, FL 33950-8361

TITLE VD [ ] DELETE  
NAME BRADBURY, OLIVER  
STREET ADDRESS 1750 JAMAICA WAY #134  
CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD [ ] DELETE  
NAME HICKS, MILDRED  
STREET ADDRESS 150 URUGUAY DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33983

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD [ ] DELETE  
NAME SHORE, FRANK  
STREET ADDRESS 528 VIA CINTIA  
CITY-ST-ZIP PUNTA GORDA FL 33950

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [X] DELETE  
NAME RINGLESTEIN, JEAN  
STREET ADDRESS 2323 ST. DAVID ISLAND COURT  
CITY-ST-ZIP PUNTA GORDA FL

5.1 TITLE D [X] Change [ ] Addition  
5.2 NAME Derr, Elly S.  
5.3 STREET ADDRESS 3743 Bordeaux Drive  
5.4 CITY-ST-ZIP Punta Gorda, FL 33950

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALEXANDER C. PENNY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER C. PENNY  
Jan. 20, 1997

(941)  
639-1862  
Daytime Phone # 0087488

CF2E037 (9/96)