

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

24 25 29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/25/1995

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

DIANA L. HOFFMAN

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

23295 Fullerton Ave.

83

Port Charlotte

84 City

FL

85 Zip Code

33980

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

Diana L. Hoffman

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

(NOTE: Registered Agent signature required when reinstating)

July 24, 1998

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENNY, ALEXANDER C	
STREET ADDRESS	6500 TAYLOR RD B-13	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRADBURY, OLIVER	
STREET ADDRESS	1750 JAMAICA WAY #134	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HICKS, MILDRED	
STREET ADDRESS	150 URUGUAY DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHORE, FRANK	
STREET ADDRESS	526 VIA CINTIA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERR, ELLY S	
STREET ADDRESS	3743 BORDEAUX DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHORE, FRANK	
1.3 STREET ADDRESS	526 VIA CINTIA	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM WEITZ	
2.3 STREET ADDRESS	10316 Arrowhead Drive	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HICKS, MILDRED	
3.3 STREET ADDRESS	23033 WESTCHESTER BLVD. F316	
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KINSMAN, HELEN ANN	
4.3 STREET ADDRESS	3250 SULSTONE DR.	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOFFMAN, DIANA L.	
5.3 STREET ADDRESS	23295 FULLERTON AVE.	
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Frank C. Shore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 1998
Date

741-639-6078
Daytime Phone #

FILED
Aug 05 1998 8:00am
Secretary of State



CR2E037 (5/98)