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FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000005979 (8)

1. Corporation Name

VOLUNTEER AUXILIARY, INC. OF PLANTATION GENERAL  
HOSPITAL

Principal Place of Business

Mailing Address

401 N.W. 42ND AVENUE  
PLANTATION FL 33317

401 N.W. 42ND AVENUE  
PLANTATION FL 33317

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

65-0632480

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSEW, LIZ  
401 N.W. 42ND AVENUE  
PLANTATION FL 33317

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

*Liz Gasew*

Liz Gasew

2/27/97

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  
NAME FRIEBRUN, BENNETT  
STREET ADDRESS 120 S.W. 98TH TERR.  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE VD  
NAME DRISPANO, JEAN  
STREET ADDRESS 500 S.W. 169TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE ST  
NAME GLADSTONE, IRMA  
STREET ADDRESS 4750 N.W. 21ST STREET  
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

TITLE ST  
NAME MARKS, ETHEL  
STREET ADDRESS 551 N.W. 42ND AVENUE  
CITY-ST-ZIP PLANTATION FL

☒ DELETE

TITLE TD  
NAME RHODES, MARTIN  
STREET ADDRESS 9365 CHELSEA DRIVE S.  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE VT  
NAME RIFFNER, PAULINE T  
STREET ADDRESS 4636 N.W. 44TH COURT  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

*Bennett Freibrun* 2/27/97 (954) 476-3774

CR2E037 (10/97)