

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90036 033 ****61.25

DOCUMENT # N95000005979

1. Corporation Name

VOLUNTEER AUXILIARY, INC. OF PLANTATION GENERAL HOSPITAL

DEPARTMENT OF STATE

Principal Place of Business

401 N.W. 42ND AVENUE
PLANTATION FL 33317

Mailing Address

401 N.W. 42ND AVENUE
PLANTATION FL 33317



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

65-0632480

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIEBRUN, BENNETT
STREET ADDRESS 120 S.W. 96TH 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 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME DEVITT, CATHY
1.3 STREET ADDRESS 5861 S.W. 15th Street
1.4 CITY-ST-ZIP Plantation, FL. 33317

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

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

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME GELMAN, SELMA
4.3 STREET ADDRESS 11470 N.W. 42nd St.
4.4 CITY-ST-ZIP Sunrise, FL. 33323

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

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: *Selma Gelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 587-5010 Ext. 6018
Date Daytime Phone #

CR2E037 (11/98)