


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90248 024 \*\*\*\*61.25

<b>DOCUMENT # N99000002520</b> 1. Entity Name <b>THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE, INCORPORATED</b>					
Principal Place of Business <b>10461 QUALITY DRIVE SPRING HILL FL 34609</b>		Mailing Address <b>10461 QUALITY DRIVE SPRING HILL FL 34609</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0737001</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORRIS, KAY 10461 QUALITY DRIVE SPRING HILL FL 34609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOYLE, SHIRLEY</b> <b>8255 COUNTRY CLUB DRIVE</b> <b>BROOKSVILLE FL 34613</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Paul Stark</b> <b>2092 Culbreath Lot A-1</b> <b>Brooksville FL 34601-6121</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS</b> <b>KELLY, HELEN</b> <b>7094 LEXINGTON CIRCLE</b> <b>BROOKSVILLE FL 34602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BARCLAY, MARION</b> <b>14615 BROOKSVILLE BLVD</b> <b>BROOKSVILLE FL 34613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>COLE, ARLENE</b> <b>16370 REUBEN DRIVE</b> <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STARK, PAUL</b> <b>2092 CULBREATH LOT A-1</b> <b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert Shatt</b> <b>6497 Amber Ridge Circle</b> <b>Brooksville FL 34702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Paul Stark</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0737001**  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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**SIGNATURE: Paul Stark**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/05 Daytime Phone #