

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 017 ****70.00

DOCUMENT # N99000002520					
1. Entity Name THE VOLUNTEER AUXILIARIES OF REGIONAL HEALTHCARE, INCORPORATED					
Principal Place of Business 10461 QUALITY DRIVE SPRING HILL, FL 34609			Mailing Address 10461 QUALITY DRIVE SPRING HILL, FL 34609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0737001	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, KAY 10461 QUALITY DRIVE SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Kay Norris</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 05-17-07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE RS NAME KELLY, HELEN STREET ADDRESS 7094 LEXINGTON CIRCLE CITY-ST-ZIP BROOKSVILLE, FL 34602	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Robert Knowles STREET ADDRESS 11010 Matterhorn Ct. CITY-ST-ZIP Spring Hill, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BARCLAY, MARION STREET ADDRESS 14615 BROOKSVILLE BLVD CITY-ST-ZIP BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Judith Johnson STREET ADDRESS 387 Martina Drive CITY-ST-ZIP Spring Hill, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CS NAME COLE, ARLENE STREET ADDRESS 16370 REUBEN DRIVE CITY-ST-ZIP BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE Betty Brown NAME 4228 Sunbyside Circle STREET ADDRESS Spring Hill, FL 34606 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SHEY, ROBERT STREET ADDRESS 6497 AMBER RIDGE CIRCLE CITY-ST-ZIP BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Evelyn Mayer STREET ADDRESS 6451 Holiday Drive CITY-ST-ZIP Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME STARK, PAUL STREET ADDRESS 2092 CULBREATH LOT A-1 CITY-ST-ZIP BROOKSVILLE, FL 346016121	<input checked="" type="checkbox"/> Delete		TITLE President NAME LEO FANEUF STREET ADDRESS 10415 Fairchild Rd CITY-ST-ZIP Spring Hill, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME LEO FANEUF STREET ADDRESS 10415 Fairchild Rd CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Leo Faneuf</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/18/07 352-688-3935 <small>Date Daytime Phone #</small>		

40120634

