

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011455

Entity Name: THE HOSPITAL VOLUNTEERS OF VENICE, INC.**Current Principal Place of Business:**540 THE RIALTO
VENICE, FL 34285**Current Mailing Address:**540 THE RIALTO
VENICE, FL 34285**FEI Number:** 20-2215389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIMPER, JON ROBERT
541 FALLBROOK DRIVE
VENICE, FL 34292 US*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.***SIGNATURE:** JON ROBERT ZIMPER

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	COLLINS, FRANK LEWIS
Address	131 BRANDYWINE CIR.
City-State-Zip:	ENGLEWOOD FL 34223

Title	SECRETARY
Name	MIRACLE, DIANA
Address	411 SOUTHLAND RD.
City-State-Zip:	VENICE FL 34293

Title	PRESIDENT
Name	ZIMPER, JON ROBERT
Address	541 FALLBROOK DRIVE
City-State-Zip:	VENICE FL 34292

Title	SUPERVISOR - FINANCE DEPARTMENT
Name	COLLINS, FRANK LEWIS
Address	131 BRANDYWINE CIR
City-State-Zip:	ENGLEWOOD FL 34223

Title	FIN COMM CHAIRMAN
Name	FENSTERMAKER, RICHARD CLINTON
Address	176 SAVONA WAY
City-State-Zip:	VENICE FL 34275

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK LEWIS COLLINS

TREASURER

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date