

2015 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:

FENSTERMAKER, DICK
176 SAVONA WAY
NORTH VENICE, FL 34275 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: DICK FENSTERMAKER

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name SHOOK, JAMES
Address 512 CHEVAL DR.
City-State-Zip: VENICE FL 34292

Title S
Name MALLINGER, SHEILA
Address 109 PORTOFINO DR.
City-State-Zip: VENICE FL 34275

Title PE
Name DECASTRO, JANE
Address 607 BARNES PKWY
City-State-Zip: NOKOMIS FL 34275

Title P
Name FENSTERMAKER, DICK
Address 176 SAVONA WAY
City-State-Zip: NORTH 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: DICK FENSTERMAKER

PRESIDENT

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date