

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006336

Entity Name: VIRGINIA B ANDES VOLUNTEER COMMUNITY CLINIC INC

FILED
Apr 01, 2019
Secretary of State
9048980156CC

Current Principal Place of Business:

21297 B OLEAN BLVD
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P.O. BOX 494190
PORT CHARLOTTE, FL 33949

FEI Number: 65-0958642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWLEY, BILL
21297 B OLEAN BLVD
PORT CHARLOTTE, FL 33952 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ROBERTS, M. SUZANNE M.ED
Address 21297 OLEAN BLVD UNIT B
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name ARMSTRONG, DARLENE RN
Address 3090 DAVID ST
City-State-Zip: PUNTA GORDA FL 33982

Title PRESIDENT
Name HAWLEY, BILL CEO
Address 21298 OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name GRANT, MICHAEL
Address 4351 PINNACLE STREET
City-State-Zip: PUNTA GORDA FL 33980

Title TREASURER
Name ROBINSON, KATHY
Address 22627 BAYSHORE RD
City-State-Zip: PORT CHARLOTTE FL 33980

Title FIRST VICE PRESIDENT
Name AMENDOLA, LAURA CFP
Address 18501 MURDOCK CIRCLE
300
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name WRIGHT-BROWNE, VANCE DR.
Address 22395 EDGEWATER DRIVE
City-State-Zip: PORT CHARLOTTE FL 33980

Title SECOND VICE PRESIDENT
Name CARDENAS, DONNA
Address 900 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33953

Continues on page 2

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: ROBERTS, M. SUZANNE M.ED

CEO

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALKER, PHYLLIS ESQ.
Address 309 TAMIAMI TRAIL
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name BAYNE, ROBIN
Address 21297 B OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title MEDICAL DIRECTOR
Name KLEIN, DAVID DR.
Address 21297 B OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name PEET, GEURT
Address 21297 B OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952