

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006336

**Entity Name:** VIRGINIA B ANDES VOLUNTEER COMMUNITY CLINIC INC

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

Title            FIRST VICE PRESIDENT  
Name            CARDONA, KRISTIN  
Address        450 SHREVE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            PRESIDENT  
Name            BAYNE, ROBIN  
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

Title            SECRETARY  
Name            HUGHES, MELISSA  
Address        21297 B OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            VP, SECOND  
Name            RUGGIERO, GEORGE DR.  
Address        21297 B OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            TREASURER  
Name            MINERICH, JANET  
Address        21297 B OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

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*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: M. SUZANNE ROBERTS, M.ED**

**CEO**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FREELAND, SHAUNE  
Address P.O. BOX 494190  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR  
Name ROBERSON, CLAY  
Address P.O. BOX 494190  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR, MEDICAL  
Name CHUPKA, PAUL DR  
Address P.O. BOX 494190  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR  
Name PRICE, JULIE  
Address P.O. BOX 494190  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR  
Name WALKER, PHYLLIS ESQ  
Address P.O. BOX 494190  
City-State-Zip: PORT CHARLOTTE FL 33949