

2024 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 OTHER, BOARD MEMBER
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 OTHER, BOARD MEMBER
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
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: BILL HAWLEY

PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title OTHER, BOARD MEMBER
Name ALLEN, PATTI GEN MGR
Address 1200 W RETTA ESPLANADE
City-State-Zip: PUNTA GORDA FL 33952

Title OTHER, BOARD MEMBER
Name DEVINE, KIM
Address 11826 SW COURTLY MANOR DR
City-State-Zip: LAKE SUZY FL 34266

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

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

Title OTHER, BOARD MEMBER
Name AMENDOLA, LAURA CFP
Address 18501 MURDOCK CIRCLE
City-State-Zip: PORT CHAR FL 33948

Title OTHER, BOARD MEMBER
Name ESTESS, ROBIN RN
Address 351 N SUMNEYTOWN PIKE
City-State-Zip: NORTH WALES PA 19454