

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006336

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

**FILED**  
**Mar 13, 2020**  
**Secretary of State**  
**4977949119CC**

**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            HOLMES, ESQ., DAVID  
Address        99 NESBIT STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            PAST 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            CARDONA, KRISTIN  
Address        450 SHREVE STREET  
City-State-Zip: PUNTA GORDA FL 33950

Title            PRESIDENT  
Name            AMENDOLA, LAURA CFP  
Address        18501 MURDOCK CIRCLE, SUITE 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            FIRST VICE PRESIDENT  
Name            CARDENAS, DONNA  
Address        900 TAMAMIAMI 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**

**03/13/2020**

\_\_\_\_\_  
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 SECRETARY  
Name BAYNE, ROBIN  
Address 21297 B OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name PRESLEY, BRIAN  
Address 310 DUPONT CIRCLE  
City-State-Zip: PUNTA GORDA FL 33950

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

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

Title DIRECTOR  
Name CLARK, RN, DEBRA  
Address 21297 B OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952