## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004910

FILED Mar 07, 2012 Secretary of State

Entity Name: OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11375 CORTEZ BLVD BROOKSVILLE, FL 34613

Current Mailing Address: New Mailing Address:

P O BOX 5300 11375 CORTEZ BLVD

SPRING HILL, FL 34611 US BROOKSVILLE, FL 34613 US

FEI Number: 59-2472574 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOMMERFELD, VIRGINIA C
8196 BERKELEY MANOR BLVD.
SPRING HILL, FL 34606 US

KAELIN, DORORTHY M
6388 BLACKBIRD AVE.
BROOKSVILLE, FL 34613 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: DOROTHY M. KAELIN 03/07/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: O

Name: SMITH, MICKEY
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: P

 Name:
 KAELIN, DOROTHY M

 Address:
 6388 BLACKBIRD AVE

 City-St-Zip:
 BROOKSVILLE, FL 34613 US

Title: V

 Name:
 PERRY, RICHARD

 Address:
 .6078 DELTONA BLVD

 City-St-Zip:
 SPRING HILL, FL 34606 US

Title: T

Name: HITE, GERALD A

Address: 8116 COUNTRY CLUB DR
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: S

Name: TRENT, PATRICIA E
Address: 11039 FRIGATE BIRD AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

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: DOROTHY M.KAELIN P 03/07/2012