

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004910

Entity Name: OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

Current Principal Place of Business:

11375 CORTEZ BLVD
BROOKSVILLE, FL 34613

Current Mailing Address:

11375 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

FEI Number: 59-2472574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAELIN, DOROTHY 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title O
Name SMITH, MICKEY
Address 11375 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title P
Name KAELIN, DOROTHY M
Address 6388 BLACKBIRD AVE
City-State-Zip: BROOKSVILLE FL 34613

Title V
Name MC GIFFIN, DOROTHEA E.
Address 7872 FLORAL DRIVE
City-State-Zip: SPRING HILL FL 34607

Title T
Name CHISWELL, PHYLLIS M.
Address 5531 LEGEND HILLS LANE
City-State-Zip: SPRING HILL FL 34609

Title S
Name TRENT, PATRICIA E
Address 11039 FRIGATE BIRD AVE
City-State-Zip: WEEKI WACHEE FL 34613

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

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date