

**2014 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:**

NYQUIST, MARIE R.  
11248 TOPAZ STREET  
SPRING HILL, FL 34608 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:** MARIE R. NYQUIST

03/07/2014

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 NYQUIST, MARIE R  
Address 11248 TOPAZ STREET  
City-State-Zip: SPRING HILL FL 34608

Title V  
Name PREBBLE, PEGGY M SR.  
Address 15703 BROOKRIDGE BLVD.  
City-State-Zip: BROOKSVILLE FL 34613

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:** PHYLLIS M. CHISWELL

**TREASURER**

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date