11375 CORTEZ BLVD BROOKSVILLE, FL 34613 US				
FEI Number: 59-2472574			Certificate of Status Desi	ired: No
Name and Address of Current Registered Agent:				
SUGG, MARTHA K. 11375 CORTEZ BLVD 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	: MARTHA K. SUGG			03/22/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Officer/Dire	ctor Detail :			
Officer/Dire	o otor Detail :	Title	PRESIDENT	
••		Title Name	PRESIDENT SUGG, MARTHA K.	
Title	0			
Title Name	O SMITH, MICKEY 11375 CORTEZ BLVD	Name	SUGG, MARTHA K.	
Title Name Address	O SMITH, MICKEY 11375 CORTEZ BLVD	Name Address City-State-Zip: Title	SUGG, MARTHA K. 11375 CORTEZ BLVD BROOKSVILLE FL 34609 TREASURER	
Title Name Address City-State-Zip:	O SMITH, MICKEY 11375 CORTEZ BLVD BROOKSVILLE FL 34613	Name Address City-State-Zip:	SUGG, MARTHA K. 11375 CORTEZ BLVD BROOKSVILLE FL 34609	
Title Name Address City-State-Zip: Title	O SMITH, MICKEY 11375 CORTEZ BLVD BROOKSVILLE FL 34613 VP	Name Address City-State-Zip: Title	SUGG, MARTHA K. 11375 CORTEZ BLVD BROOKSVILLE FL 34609 TREASURER	

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: JANET HILDRETH

TREASURER

03/22/2023

FILED Mar 22, 2023 **Secretary of State** 5537296111CC

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500004910

Entity Name: OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.

# **Current Principal Place of Business:**

11375 CORTEZ BLVD BROOKSVILLE, FL 34613

## **Current Mailing Address:**

# FE

### Na

Electronic Signature of Signing Officer/Director Detail

Date