


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90247 009 ****61.25

DOCUMENT # N05000004910

1. Entity Name
OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.



Principal Place of Business
**11375 CORTEZ BLVD
 SPRING HILL FL 34613**

Mailing Address
**11375 CORTEZ BLVD
 SPRING HILL FL 34613**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

Zip Country Zip Country

4. FEI Number
51-0544095

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHISWELL, PHYLLIS
 5531 LEDGEND HILLS LN.
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Schneider, Diane**

Street Address (P.O. Box Number is Not Acceptable)
11375 Cortez Blvd

City **Spring Hill** FL Zip Code **34611**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phyllis Chiswell* **Phyllis Chiswell, Treasurer** **4/26.06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	SMITH, MICKEY	
STREET ADDRESS	11375 CORTEZ BLVD	
CITY-ST-ZIP	SPRING HILL FL 34613	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KAVALUNAS, LOIS	
STREET ADDRESS	7308 PRINCE GEORGE CT.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, DIANE	
STREET ADDRESS	13287 DON LOOP	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHISWELL, PHYLLIS	
STREET ADDRESS	5531 LEDGEND HILLS LN.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMBAUT, HELEN J	
STREET ADDRESS	8039 WESTERN CIRCLE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schneider, Diane	
STREET ADDRESS	5616 Legend Hills Ln	
CITY-ST-ZIP	Brooksville FL 34609	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaelin Dorothy M	
STREET ADDRESS	6388 Blackbird Ave	
CITY-ST-ZIP	Brooksville FL 34613	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy M. Kaelin* **Dorothy M. Kaelin** **4/26/06**



**Oak Hill
Hospital**

Volunteer Association, Inc.

ATTACHMENT

50018527
105000084910

April 26, 2006

Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Gentlemen:

RE: FEI Number 51-0544095

Please find enclosed our 2006 Not-For-Profit Corporation
Annual Report showing the following changes:

President: Diane Schneider
5616 Legend Hills Lane
Brooksville, FL 34609

Vice President: Dorothy M. Kaelin
6388 Blackbird Avenue
Brooksville, FL 34613

It should also be noted that our Secretary is
Helen J. Rombaut. She is not a Director as noted
on the pre-printed form.

Thank you.

Phyllis M. Chiswell
Treasurer

Enclosure - Ck. #5527, Amt. \$61.25