


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0544095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, DIANE
 11375 CORTEZ BLVD
 SPRING HILL, FL 34611

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	O SMITH, MICKEY 11375 CORTEZ BLVD SPRING HILL, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHNEIDER, DIANE 5616 LEGEND HILLS LN SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAELIN, DOROTHY M 6388 BLACKBIRD AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHISWELL, PHYLLIS 5531 LEDGEND HILLS LN. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROMBAUT, HELEN J 8039 WESTERN CIRCLE DR. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000636339
 02/26/07-80012-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Diane L. Schneider Diane L. Schneider, Pres. 2/5/07 352-597-3038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #