


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90017 030 \*\*\*\*61.25


**DOCUMENT # N05000004910**  
 1. Entity Name  
**OAK HILL HOSPITAL VOLUNTEER ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 11375 CORTEZ BLVD 11375 CORTEZ BLVD  
 SPRING HILL FL 34613 SPRING HILL FL 34613

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/07)  
 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**  
**SCHNEIDER, DIANE**  
**11375 CORTEZ BLVD**  
**SPRING HILL FL 34611**

**7. Name and Address of New Registered Agent**  
 Name **Kaelin, Dorothy M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11375 Cortez Blvd.**  
**Spring Hill,**  
 City **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 *Dorothy M. Kaelin* **Dorothy M. Kaelin, Pres.** **4-08-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when registering.) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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	SCHNEIDER, DIANE	
STREET ADDRESS	5616 LEGEND HILLS LN	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KÄELIN, DOROTHY M	
STREET ADDRESS	6388 BLACKBIRD AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHISWELL, PHYLLIS	
STREET ADDRESS	5531 LEDGEN HILLS LN.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	S	<input checked="" 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaelin, Dorothy M.	
STREET ADDRESS	6338 Blackbird Ave.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dixon, Robert A.	
STREET ADDRESS	5694 Legend Hills Ln.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trent, Patricia E.	
STREET ADDRESS	11039 Frigate Bird Ave.	
CITY-ST-ZIP	Weeki Wachee, FL 34613	
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 *Phyllis M. Chiswell* **Phyllis M. Chiswell, Treas.** **4-08-08**