

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 APR -3 PM 6:11**

**DOCUMENT # 764419 (8)**  
1. Corporation Name  
**V.N.A. RESPITE CARE, INC.**

Principal Place of Business Mailing Address  
**604 COURTLAND STREET, STE 145 ORLANDO FL 32804**      **604 COURTLAND STREET, STE 145 ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1982**      3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2227512**      Applied For  / Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**SKEMP, THOMAS W.  
600 COURTLAND STREET  
STE 500  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, PAULA</b>	1.2 NAME	<b>Davis, Michael</b>
STREET ADDRESS	<b>1111 S LAKEMONT AVE #101</b>	1.3 STREET ADDRESS	<b>493 E. Semoran Blvd.</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>	1.4 CITY - ST - ZIP	<b>Casselberry, FL 32707</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>CD</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Bernstein, Raymond</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>1925 Mizell Ave., #104 Winter Park, FL 32792</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>TD</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Skemp, Thomas W.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>600 Courtland St., #500 Orlando, FL 32804</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Barone, Armand</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>950 Hedgewood Ct. Winter Park, FL 32792</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>SD</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Dixon, Mary Lou</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>100 South Ashley Dr., #980 Tampa, FL 33602</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Wallick, Charles A.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>2140 Highway 434 Longwood, FL 32779</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 member or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: Thomas W. Skemp      Thomas W. Skemp      3/10/95      (407) 645-5371

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      Title      Date

764419

**ATTACHMENT**

**#13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12**

**VC/D**

X Change    Addition

**Baker, Paula  
1111 S. Lakemont Ave., #101  
Winter Park, FL 32792**

**D**

   Change X Addition

**Duerk, Alene  
12 Robinwood Drive  
Longwood, FL**