

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

pg. 1 of 2

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	600 COURTLAND ST.	26	600 COURTLAND ST	08/04/1982	04/03/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 STE - 105		27 STE - 105		59-2227512	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ORLANDO, FL		28 ORLANDO, FL		X	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32804	25 ORANGE	29 32804	30 ORANGE		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PAULA	1.2 NAME	
STREET ADDRESS	1111 S LAKEMONT AVE #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL	2.2 NAME	
STREET ADDRESS	493 E. SEMORAN BLVD.	2.3 STREET ADDRESS	3936 TAMiami TRAIL NORTH, #B
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, RAYMOND	3.2 NAME	
STREET ADDRESS	1925 MIZELL AVE., #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEMP, THOMAS W.	4.2 NAME	
STREET ADDRESS	600 COURTLAND ST., #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, ARMAND	5.2 NAME	
STREET ADDRESS	950 HEDGEWOOD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, MARY LOU	6.2 NAME	
STREET ADDRESS	100 SOUTH ASHLEY DR., #980	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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 119.07(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 receiver 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 with an address.

SIGNATURE: Thomas W. Skemp Thomas W. Skemp, 3/29/96 407/975-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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VNA Respite Care, Inc.

13. Additions to officers and directors in 12.

7. D  
Wallick, Charles  
2140 Highway 434  
Longwood, FL

8. D  
Duerk, Alene  
12 Robinwood Dr.  
Longwood, FL