

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

DOCUMENT # 764980 (9)

1. Corporation Name

VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

1111 36TH STREET
VERO BEACH FL 32960-3514

1111 36TH STREET
VERO BEACH FL 32960-3514



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

3. Date Incorporated or Qualified

09/13/1982

3a. Date of Last Report

02/15/1995

4. FEI Number

59-2402136

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLYTHE, PATTY	
STREET ADDRESS	825 90TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	COX, CYNTHIA P.A.	
STREET ADDRESS	1432 21 ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JARVI, JOY	
STREET ADDRESS	990 CARIB LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ST. CLAIR, JIM	
STREET ADDRESS	2074 OCEAN RIDGE CIRCLE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KENNEDY, SHARON L	
STREET ADDRESS	1111 36TH ST	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIBSON, SUSAN BAXTER	
STREET ADDRESS	1111 36 STREET	
CITY-ST-ZIP	VERO BEACH FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Cynthia Cox P.A.
23 STREET ADDRESS	1432 - 21st St.
24 CITY-ST-ZIP	VERO Beach, FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Hal Lewis
33 STREET ADDRESS	116 Park Avenue
34 CITY-ST-ZIP	VERO Beach, FL 32963
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jim St. Clair
43 STREET ADDRESS	2074 Ocean Ridge Circle
44 CITY-ST-ZIP	VERO Beach, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Susan Baxter Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

407-567-5551

Daytime Phone

CR2E037 (12/95)