


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

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|---|--------------------------------|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  | | 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 1111 96TH STREET VERO BEACH FL 32960-3514 | | | Mailing Address 1111 36TH STREET VERO BEACH FL 32960-4801 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/13/1982 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 04/22/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-2402136 | |
| 23 Zip | | 28 Zip | | Applied For <input type="checkbox"/> Not Applicable | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| KENNEDY, SHARON L. 1111 - 36TH STREET VERO BEACH FL 32960 | | | 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 | D | <input type="checkbox"/> DELETE | | | |
| NAME | COX, CYNTHIA PA | | | | |
| STREET ADDRESS | 1432-21ST ST | | | | |
| CITY-ST-ZIP | VERO BEACH FL | | | | |
| TITLE | DT | <input type="checkbox"/> DELETE | | | |
| NAME | LEWIS, HAL | | | | |
| STREET ADDRESS | 16 PARK AVE | | | | |
| CITY-ST-ZIP | VERO BEACH FL | | | | |
| TITLE | DC | <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 | | | | | |
| 1.1 TITLE | VC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |



CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, VP, Finance**

Sharon 401-425551

VNA Hospice of Indian River County, Inc.

Additional Officers and Directors 1996-97, Directors terms expiring April 1997

VP

Margot Kornicks
1111 36th Street
Vero Beach, FL 32960

Directors:

Tom Buchanan
1150 Reef Road
Vero Beach, FL 32963

Joan Burke
4600 North A1A #304
Vero Beach, FL 32963

Allen Hubbard
744 South Indian Oaks Dr.
Vero Beach, FL 32966

Dr. William Panakos
777 37th Street #A-107
Vero Beach, FL 32960

Birgitte McKinney
4810 Bethel Creek Dr #1
Vero Beach, FL 32963

Helen Murphy
1960 Olde Bridge
Vero Beach, FL 32966

Tom Lowther
1065 SW 34th Lane
Vero Beach, FL 32962

Sarah Oyster
190 Coquille Way
Vero Beach, FL 32963

Carol Kanarek
1241 Poltras Drive
Vero Beach, FL 32963

Penny Umland
2056 Windward Way
Vero Beach, FL