2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002390

Address:

City-St-Zip:

Entity Name: VNA SPACE COAST, INC.

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1600 SARNO ROAD SUITE 201 MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 1111 36TH STREET VERO BEACH, FL 32960 FEI Number: 65-1002301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOME, SHARON K. 1111 36TH STREET VERO BEACH, FL 32960 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EVANS, KEVIN Name: Name: 958 20TH PL Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: CD Title: () Delete () Change () Addition Name: OSBORNE, JEANNE Name: Address: 100 CHEROKEE CT Address: City-St-Zip: BAREFOOT BAY, FL 32976 City-St-Zip: Title: **PCEO** () Delete Title: () Change () Addition BROOME, SHARON K Name: Name: Address: **1111 36TH STREET** Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: VOLTZ, HELEN Name: Address: 651 EMERSON DR NE Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: Title: () Delete () Change (X) Addition KURTH, PATSY Name: Name: 2540 ROCKY POINT ROAD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

MALABAR, FL 32950

SIGNATURE: JEANNE M. OSBORNE CD 01/09/2004