2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2005 8:00 am Secretary of State DOCUMENT # N00000002390 1. Entity Name 02-23-2005 90069 015 ****61.25 VNA SPACE COAST, INC. Principal Place of Business Mailing Address 1111 26TH STREET /// 035th Lang 1600 SARNO ROAD 50017986 SUITE 201 VERO BEACH FL 32960 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-1002301 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROOME, SHARON K. Street Address (P.O. Box Number is Not Acceptable) 1111 38TH STREET //10 35th Lane VERO BEACH FL 32960 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or project name of registered agent and title 4 employable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. SD TITLE FITLE StD Delete ☐ Change Addition | EVANS, KEVIN Ford tegert 819 Beachland Blud NAME 958 20TH PL STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY+ST-ZIP CITY-ST-ZIP \overline{c} TITLE Delete ☐ Change **Addition** OSBORNE, JEANNE Helen Volt NAME NAME 100 CHEROKEE CT STREET ADDRESS STREET ADDRESS 778 Wyeth Street BAREFOOT BAY FL 32976 CITY-ST-7/P CITY-ST-ZIP **PCEO** TITLE Delete TITLE Addition BROOME, SHARON K NAME NAME H11-36TH STREET STREET ADDRESS 1110 35# Lane STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-7IP VD TITLE Delete Delete TITLE ☐ Change ☐ Addition VOLTZ, HELEN NAME NAME 651 EMERSON DR NE STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete EITI F ☐ Addition ☐ Change KURTH, PATSY NAME 2540 ROCKY POINT ROAD STREET ADDRESS STREET ADDRESS MALABAR FL 32950 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED