## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002390

Name:

Address:

City-St-Zip:

MONDANO, SARAH

VERO BEACH, FL 32963

655 ACACIA RD.

Entity Name: VNA SPACE COAST, INC.

FILED Apr 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1600 SARNO ROAD SUITE 201 MELBOURNE, FL 32935 **New Mailing Address: Current Mailing Address:** 1110 35TH LANE 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. 1110 35TH LANE 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: STD () Change () Addition () Delete FEGERT, FORD Name: Name: 819 BEACHLAND BLVD Address: Address: VERO BEACH, FL 32963 City-St-Zip: City-St-Zip: Title: CD Title: () Delete () Change () Addition Name: GHAYAL, KAS Name: Address: 393 FLANDERS DRIVE Address: City-St-Zip: INDIATLANTIC, FL 32903 City-St-Zip: Title: PCEO () Delete Title: () Change () Addition BROOME, SHARON K Name: Name: Address: 1110 35TH LANE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: VCD ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON K BROOME PCEO 04/24/2008