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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06950**

1. Corporation Name
VNA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1516 E. HILLCREST ST. SUITE 206 ORLANDO FL 32803	1516 E. HILLCREST ST. SUITE 206 ORLANDO FL 32803

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/28/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2498794 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KERNEY, SHERI LUND
1516 E. HILLCREST ST.
SUITE 210
ORLANDO FL 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KERNEY, SHERI LUND		1.2 NAME		
STREET ADDRESS	1516 E. HILLCREST ST., SUITE 210		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, MARY LOU		2.2 NAME		
STREET ADDRESS	100 S. ASHLEY DR. #980		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, RAYMOND DR		3.2 NAME		
STREET ADDRESS	1925 MIZELL AVE., #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARONE, ARMAND		4. 2 NAME		
STREET ADDRESS	950 HEDGEWOOD CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PK FL 32792		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MICHAEL		5.2 NAME		
STREET ADDRESS	3936 TAMIAMI TRAIL N. #B		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALLICK, CHARLES PASTOR		6.2 NAME		
STREET ADDRESS	2140 HWY 434		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ARMAND BARONE JR. 01/19/99 (407) 896-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #