2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90099 004 ****61.25

DOCUMENT # N06950

1. Entity Name

VNA FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1912-B LEE ROAD~~ ~~SUITE 206~~ ~~ORLANDO FL 32803~~	~~1912-B LEE ROAD~~ ~~SUITE 206~~ ~~ORLANDO FL 32803~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1912-B LEE ROAD	1912-B LEE ROAD
Suite, Apt. #, etc.: 5C	Suite, Apt. #, etc.: 5C
City & State: ORLANDO, FL.	City & State: ORLANDO, FL.
Zip: 32810 Country: ORANGE	Zip: 32810 Country: ORANGE

4. FEI Number: 59-2498794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARONE, ARMAND L ~~1516 EXPLORER ST~~ 1912-B LEE ROAD ~~SUITE 206~~ SUITE 5C ~~ORLANDO FL 32803~~ ORLANDO, FL. 32810	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIXON, MARY LOU 100 S. ASHLEY DR. #980 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, ROBERT P. O. BOX 917609 LONGWOOD, FL. 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, RAYMOND DR 1925 MIZELL AVE., #104 WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, PAULA 236 WHITIER CIRCLE ORLANDO, FL. 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARONE, ARMAND 950 HEDGEWOOD CT WINTER PK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUREK, ALENE 260 WIMBLEDON CIRCLE HEATHROW, FL. 32746-5012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, MICHAEL 3936 TAMIAMI TRAIL N. #B NAPLES FL 33940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLICK, CHARLES PASTOR 2140 HWY 434 LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASSAB, JERRY 1159 BRANTLEY ESTATE DRIVE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

SIGNATURE: ARMAND L. BARONE SIGNATURE REQUIRED 02/01/02 (407) 671-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #