2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N06950

1. Entity Name
VNA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1912 B LEE RD 5C ORLANDO, FL 32810	1912 B LEE RD 5C ORLANDO, FL 32810

01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

WHEELER, ROBERT C
1912 B LEE RD
STE 5C
ORLANDO, FL 32810

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WHEELER, ROBERT C
STREET ADDRESS	351 W HORNBEAM DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	BERNSTEIN, RAYMOND DR
STREET ADDRESS	1925 MIZELL AVE., #104
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	BARONE, ARMAND
STREET ADDRESS	950 HEDGEWOOD CT
CITY-ST-ZIP	WINTER PK, FL 32792
TITLE	D
NAME	DUERK, ALENE
STREET ADDRESS	260 WIMBLEDON CIRCLE
CITY-ST-ZIP	HEATHROW, FL 327465012
TITLE	SD
NAME	WALLICK, CHARLES PASTOR
STREET ADDRESS	412 INTERLACHEN COURT
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	PD
NAME	KASSAB, JERRY
STREET ADDRESS	1159 BRANTLEY ESTATE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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03/27/06-80009-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Robert C Wheeler 3-406 407-862-4849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #