

FILE NOW: FILING FEE IS \$61.25

1082

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704366 (4)
1. Corporation Name
VISITING NURSE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 COURTLAND ST.
SUITE 500
ORLANDO FL 32804

600 COURTLAND ST.
SUITE 500
ORLANDO FL 32804

3. Date Incorporated or Qualified

08/01/1962

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0730317

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

City & State

City & State

23

28

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKEMP, THOMAS W.
600 COURTLAND ST
SUITE 500
ORLANDO FL 32804

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME BAKER, PAULA
STREET ADDRESS 1111 S LAKEMONT AVE #101
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE VCD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME BERNSTEIN, RAYMOND
STREET ADDRESS 1925 MIZELL AVE., #104
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DAVIS, MICHAEL
STREET ADDRESS 493 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3936 TAMiami TRAIL NORTH, #B
3.4 CITY-ST-ZIP NAPLES, FL 33940

TITLE TD ☐ DELETE
NAME SKEMP, THOMAS W.
STREET ADDRESS 600 COURTLAND ST., #500
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BARONE, ARMAND
STREET ADDRESS 950 HEDGEWOOD CT.
CITY-ST-ZIP WINTER PARK FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME DIXON, MARY LOU
STREET ADDRESS 100 SOUTH ASHLEY DR., #980
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Skemp, 3/29/96

407/975-2201

Date

Daytime Phone #

CR2E037 (12/95)

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Visiting Nurse Association, Inc.

13. Additions to officers and directors in 12.

7. D
Wallick, Charles
2140 Highway 434
Longwood, FL

8. D
Duerk, Alene
12 Robinwood Dr.
Longwood, FL