

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712690** (7)  
1. Corporation Name  
**VISITING NURSE ASSOCIATION OF NORTH FLORIDA, INC**



Principal Place of Business <b>421 WEST CHURCH STREET JACKSONVILLE FL 32202</b>	Mailing Address <b>421 WEST CHURCH STREET JACKSONVILLE FL 32202-4173</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/05/1967</b>	3a. Date of Last Report <b>04/12/1996</b>
				4. FEI Number <b>59-0638502</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FOUTS, ROY 421 WEST CHURCH STREET JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GILMORE, NOLAN</b>		1.2 NAME <b>Gregory, Marion A.</b>	
STREET ADDRESS <b>421 W CHURCH ST</b>		1.3 STREET ADDRESS <b>421 W. Church St.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202-4139</b>		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32202-4139</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOUTS, ROY</b>		2.2 NAME	
STREET ADDRESS <b>421 W CHURCH ST</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202-4139</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D,V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FLAHERTY, JOSIE</b>		3.2 NAME <b>Jones, Malcolm</b>	
STREET ADDRESS <b>421 W CHURCH ST</b>		3.3 STREET ADDRESS <b>421 W Church St.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202-4139</b>		3.4 CITY-ST-ZIP <b>Jacksonville, FL 32202-4139</b>	
TITLE <b>PDC</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIMES, BECKY</b>		4.2 NAME <b>Grimes, Becky</b>	
STREET ADDRESS <b>421 W CHURCH ST</b>		4.3 STREET ADDRESS <b>421 W Church St.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202-4139</b>		4.4 CITY-ST-ZIP <b>Jacksonville, FL 32202-4139</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D,T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CURRAN, DAN</b>		5.2 NAME <b>Hannan, David</b>	
STREET ADDRESS <b>421 W CHURCH ST</b>		5.3 STREET ADDRESS <b>421 W Church St.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		5.4 CITY-ST-ZIP <b>Jacksonville, FL 32202-4139</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, FELICE</b>		6.2 NAME <b>Franklin, Felice</b>	
STREET ADDRESS <b>421 W CHURCH STREET</b>		6.3 STREET ADDRESS <b>421 W Church St.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202-4139</b>		6.4 CITY-ST-ZIP <b>Jacksonville, FL 32202-4139</b>	

14. I do 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.

CR2E037 (9/96)