

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 743335 (2)

1. Corporation Name

**VISITING NURSE ASSOCIATION OF MARTIN/ST. LUCIE C
OUNTY, INC.**

Principal Place of Business

Mailing Address

**2400 SE MONTEREY RD
STE 100
STUART FL 34996
US**

**2400 SE MONTEREY RD
STE 100
STUART FL 34996
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/20/1978

04/26/1994

4. FBI Number

59-1814769

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROW, PATRICIA Q.
2400 SE MONTEREY RD
STE 100
STUART FL 34996**

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME KENNEY, KEVIN
STREET ADDRESS 440 OSCEOLA AVE.
CITY-ST-ZIP STUART, FL 33494**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE DC
NAME CROW, PATRICIA Q.
STREET ADDRESS 2400 SE MONTEREY RD STE 100
CITY-ST-ZIP STUART, FL 00000**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE VD
NAME FRASIER, STEPHEN
STREET ADDRESS 215 S FED HWY
CITY-ST-ZIP STUART, FL 00000**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE SD
NAME JOHNSTON, FRED
STREET ADDRESS 334 SE NARANJA AVE
CITY-ST-ZIP PT ST LUCIE FL**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE TD
NAME CROFF, KATHLEEN
STREET ADDRESS 900 E OCEAN BLVD
CITY-ST-ZIP STUART FL**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE D
NAME IANNOTTI, NICHOLAS M
STREET ADDRESS 1801 SE HILLMOOR DR STE B101
CITY-ST-ZIP PT ST LUCIE FL**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

Port St. Lucie

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

Patricia Q. Crow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1995 407-286-1844

Date

Telephone Number