

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

pg. 1 of 2

DOCUMENT # 764419 (8)

1. Corporation Name

V.N.A. RESPITE CARE, INC.



Principal Place of Business

Mailing Address

604 COURTLAND STREET, STE 145
ORLANDO FL 32804

604 COURTLAND STREET, STE 145
ORLANDO FL 32804

2. Principal Place of Business

21 600 COURTLAND ST.

2a. Mailing Address

26 600 COURTLAND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE - 105

27 STE - 105

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32804

25 ORANGE

29 32804

30 ORANGE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/04/1982

3a. Date of Last Report
04/03/1995

4. FEI Number
59-2227512

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

SKEMP, THOMAS W.
600 COURTLAND STREET
STE 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE CD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

NAME BARONE, ARMAND
STREET ADDRESS 950 HEDGEWOOD CT
CITY - ST - ZIP WINTER PARK FL

TITLE SD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VC/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3936 TAMiami TRAIL NORTH, #B
NAPLES, FL 33940

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

Thomas W. Skemp

Thomas W. Skemp, 3/29/96

407/975-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

2 of 2

Page 2

VNA Respite Care, 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