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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764980

1. Corporation Name

VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

**1111 36TH STREET
VERO BEACH FL 32960-3514**

Mailing Address

**1111 36TH STREET
VERO BEACH FL 32960-3514**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/13/1982

4. FEI Number

59-2402136

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

9. Name and Address of Current Registered Agent

**KENNEDY, SHARON L.
1111 - 36TH STREET
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

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

TITLE **TD** ☒ DELETE

NAME **BLYTHE, PATTY**
STREET ADDRESS **825 90TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **CD** ☐ DELETE

NAME **KANAREK, CAROL**
STREET ADDRESS **1241 POITRAS DR**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **VD** ☐ DELETE

NAME **LEWIS, HAL**
STREET ADDRESS **16 PARK AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE

NAME **ST CLAIR, JIM**
STREET ADDRESS **2074 OCEAN RIDGE CIRCLE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **PC** ☐ DELETE

NAME **KENNEDY, SHARON L**
STREET ADDRESS **1111 36TH ST**
CITY-ST-ZIP **VERO BCH. FL**

TITLE **SD** ☐ DELETE

NAME **UMLAND, PENNY**
STREET ADDRESS **2046 WINDWARD WY**
CITY-ST-ZIP **VERO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition

1.2 NAME **KORNICKS, MARGOT**
1.3 STREET ADDRESS **1111 36th ST**
1.4 CITY-ST-ZIP **VERO BEACH, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VC/D** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **P/CEO** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

561-567-5551

CR2E037 (11/98)

VNA Hospice of Indian River County, Inc.

Additional Officers and Directors 1998-99, Directors terms expiring April 1999

764980
53209.90/26.10

Directors:

Tom Buchanan
1150 Reef Road
Vero Beach, FL 32963

Dr. Michaela Scott
1460 36th Street
Vero Beach, FL 32960

Helen Murphy
1960 Olde Bridge
Vero Beach, FL 32966

Sarah Oyster
190 Coquille Way
Vero Beach, FL 32963

Birgitte McKinney
4810 Bethel Creek Dr. #1
Vero Beach, FL 32963

Dr. Seth Rhodes
610 Fox Run SW
Vero Beach, FL 32962

Dorothy Hindert
129 Park Shores Circle #18E
Vero Beach, FL 32963