

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000968

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** VACCINE AWARENESS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

6000-A SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

6000-A SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 59-3568129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WALKER, JAMES V  
217 PONTE VEDRA PARK DR STE 200  
PONTE VEDRA BEACH, FL 32082      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES V. WALKER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KREHEL, TONI  
Address: 6000-A ASWGRASS VILLAGE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: ALTERMAN, FRANCA  
Address: 423 N THIRD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D      ( ) Delete  
Name: COLEY, W ALEX  
Address: 8917 WESTERN WAY STE 6  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D      ( ) Delete  
Name: COLEY, LINDA  
Address: 4817 OTTER CREEK LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: MCGUINNESS, ALICE  
Address: 4437 PORT ARTHUR RD  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI KREHEL

D

10/18/2005

Electronic Signature of Signing Officer or Director

Date