

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000968

FILED  
Mar 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4745 SUTTON PARK COURT #503  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4745 SUTTON PARK COURT #503  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 59-3568129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** KREHEL, TONI  
**Address:** 4745 SUTTON PARK CT., STE. 503  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** D  
**Name:** FRIEDMAN, CLAIRE  
**Address:** P.O.BOX 4507  
**City-St-Zip:** TAMPA, FL 33677

**Title:** D  
**Name:** COLEY, W ALEX  
**Address:** 6675 CORPORATE CENTER PARKWAY SUITE 100  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** D  
**Name:** HARRIS, LAUREN  
**Address:** 3505 CLARIDGE ROAD  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

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

I hereby 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 all other like empowered.

**SIGNATURE:** TONI KREHEL

D

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date