

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

DOCUMENT # N01056 (3)

1. Corporation Name

VOLUNTARY ASSOCIATES HOSPICE, INC.

Principal Place of Business

% CLAIRE MCGAFFAGAN
1209 BAY PALM BLVD..
INDIAN ROCKS BEACH FL 34635-2859

Mailing Address

% CLAIRE MCGAFFAGAN
1209 BAY PALM BLVD..
INDIAN ROCKS BEACH FL 34635-2859



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCGAFFAGAN, CLAIRE
1209 BAY PALM BLVD..
INDIAN ROCKS BEACH FL 33535

3. Date Incorporated or Qualified
01/23/1984

3a. Date of Last Report
04/27/1995

4. FEI Number

NOT APPLICABLE

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**

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

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 PD
NAME MCGAFFAGAN, CLAIRE
STREET ADDRESS 1209 BAY PALM BLVD.
CITY-ST-ZIP INDIAN ROCKS BCH FL ☐ DELETE

TITLE SD
NAME SCHOEPP, FANCES
STREET ADDRESS 501 HAMPTON AVE., NE
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE TD
NAME DEGNAN, NESSY
STREET ADDRESS 8410 144 LANE N.
CITY-ST-ZIP SEMINOLE FL ☒ DELETE

TITLE SD
NAME SUSAN K. ROBINSON
STREET ADDRESS 4709 VAS CONIA STREET
CITY-ST-ZIP TAMPA, FL ☐ DELETE

TITLE TD
NAME EDWARD MCGAFFAGAN
STREET ADDRESS 1209 BAY PALM BLVD.
CITY-ST-ZIP INDIAN ROCKS BEACH, FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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:

Claire McAffagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26 96 813 595 6876
Date Daytime Phone #

CR2E037 (12/95)