

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90061 046 ****61.25

DOCUMENT # N04000002585 1. Entity Name VISITING NURSE ASSOCIATION AIRSHOW, INC.			
Principal Place of Business 2400 S.E. MONTEREY ROAD SUITE 300 STUART, FL ;3499-6		Mailing Address 2400 S.E. MONTEREY ROAD SUITE 300 STUART, FL ;3499-6	
2. Principal Place of Business 2400 SE Monterey Road Suite, Apt. #, etc. Suite 300 City & State Stuart, FL Zip 34996		3. Mailing Address 2400 SE Monterey Road Suite, Apt. #, etc. Suite 300 City & State Stuart, FL Zip 34996	
Country US		Country US	
4. FEI Number 90-0155314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROW, DONALD R 2400 S.E. MONTEREY ROAD SUITE 300 STUART, FL ;3499-6		7. Name and Address of New Registered Agent Name Donald R. Crow Street Address (P.O. Box Number is Not Acceptable) 2400 SE Monterey Road, Suite 300 Suite 300 City Stuart FL Zip Code 34996	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-6-05 Daytime Phone # 712-286-1844	



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