


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jul 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06950</b> 1. Entity Name VNA FOUNDATION, INC.	
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Principal Place of Business 1912 B LEE RD 5C ORLANDO, FL 32810	Mailing Address 1912 B LEE RD 5C ORLANDO, FL 32810
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2498794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHEELER, ROBERT C  
1912 B LEE RD  
STE 5C  
ORLANDO, FL 32810

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO WHEELER, ROBERT C 351 W HORNBEAM DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, RAYMOND DR 1925 MIZELL AVE., #104 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARONE, ARMAND 950 HEDGEWOOD CT WINTER PK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUERK, ALENE 260 WIMBLEDON CIRCLE HEATHROW, FL 327465012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLICK, CHARLES PASTOR 412 INTERLACHEN COURT DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASSAB, JERRY 1159 BRANTLEY ESTATE DRIVE ALTAMONTE SPRINGS, FL 32714

000000954630  
07/14/08-80007-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **ROBERT C WHEELER** 7/18/08 407-822-5088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #