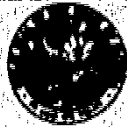


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10966 (2)

1. Corporation Name
VNA FOUNDATION OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
421 WEST CHURCH STREET 421 WEST CHURCH STREET
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1985	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2708405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

FOUTS, ROY
421 W CHURCH ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'LEARY, BECKY 421 W CHURCH ST JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAHERTY, JOSIE 421 W CHURCH ST JACKSONVILLE FL 32202-4139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNGER, DARLENE 421 W CHURCH ST JACKSONVILLE FL 32202-4139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NASH, FRAN 421 W CHURCH ST JACKSONVILLE FL 32202-4139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMORE, GARY 421 W CHURCH ST JACKSONVILLE FL 32202-4139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TULLIS, DON 2105 JEFFERSON STREET JACKSONVILLE FL 32202-4139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P Grimes, Becky 421 W Church Street Jacksonville, Florida 32202-4139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Gregory, Marion 421 West Church Street Jacksonville, Florida 32202-4139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Fouts, Roy 421 West Church Street Jacksonville, Florida 32202-4139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: _____ Date: 4-18-95
Signature and typed or printed name of signing officer or director. (Not) 799-1720