

**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 # N10966 (2)

1. Corporation Name

VNA FOUNDATION OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

421 WEST CHURCH STREET  
JACKSONVILLE FL 32202

421 WEST CHURCH STREET  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
09/05/1985

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2708405

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23

28

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

Zip Country

Country

Zip Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUTS, ROY  
421 W CHURCH ST  
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME GRIMES, BECKY  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GREGORY, MARION  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME FOUTS, ROY  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME NASH, FRAN  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WHITMORE, GARY  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME TULLIS, DON  
STREET ADDRESS 2105 JEFFERSON STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

4-2-96

Date

(904) 798-1720

Daytime Phone #

CR2E037 (12/95)