

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 # N10967 (0)

1. Corporation Name

VNA NURSING SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

Mailing Address

421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

3. Date Incorporated or Qualified  
09/05/1985

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

FOUTS, ROY  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

4. FEI Number

59-2708415

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 D ☐ DELETE

NAME GRIMES, BECKY  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

TITLE D ☒ DELETE

NAME LYNAGH, WILLIAM  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

TITLE D ☐ DELETE

NAME SKINNER, RICHARD  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

TITLE D/C ☒ DELETE

NAME POWELL, ANITA  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

TITLE D ☐ DELETE

NAME FOOTS, ROY  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202-4139

TITLE D ☐ DELETE

NAME BILLINGSLEY, KATHY  
STREET ADDRESS 421 WEST CHURCH STREET  
CITY-ST-ZIP 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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D FOSTER, PAT ☐ Change ☒ Addition

421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

☐ Change ☐ Addition

D ☐ Change ☒ Addition

ARMSTRONG, SHERMAN  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

☐ Change ☐ Addition

☐ Change ☐ Addition

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-04/11/96--01103--030  
\*\*\*70.00

4-11-96 SR

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

Date

Daytime Phone #

CR2E037 (12/95)