FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N10967

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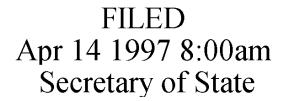
VNA NURSING SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

21 WEST CHURCH STREET ACKSONVILLE FL 32202

421 WEST CHURCH STREET JACKSONVILLE FL 32202-4173





3a. Date of Last Report 04/11/1996

3. Date incorporated or Qualified 09/05/1985

2. Principal F	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	A	Applied For	
21			26	-4				59-2708415		Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			-	5. Certificate of Status Desired	of Status Desired X \$8.75 Additional Fee Required		
City & Stat	te		City & State					6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution			
Zip					Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 30						Florida Statutes Yes No					
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
POURS BOY							Ivanie				
FOUTS, ROY						82 Street Address (P.O. Box Number is Not Acceptable)					
421 W CHURCH STREET						83					
JACKSONVILLE FL 32202										1	
						4 City F1 85 Z				Code	
11 Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the a						e-named co	ornor.		_	its registered	
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 bolh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changi											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Stonature, typod	or printed name of registered a	gont and title if applicable	(NOTE: Regist	ered Age	nt signature reg	uired t	when reinstating) DATE			
12.		- TT	ND DIRECTORS	1				ADDITIONS/CHANGES 10 OFFICERS AT	ND DIRECTO	RS IN 12	
TITLE	D	,	Z DEL	DELETE 1.1 TO		C,		D	Change	X Addition	
NAME	GRIMES,	BECKY		1,2 NAM		Ì	Fo	ster, Patricia		li.	
STREET ADDRESS 421/W CHURCH ST				1.3 STREET AD		ADDRESS	42	21 W Church St.		[3	
CITY-ST-ZIP	1 44 00 40 00 00 14 00 00 00 00 00 00 00 00 00 00 00 00 00				CHY-SI-ZIP Jacksonville, FL 32202-4139						
TITLE	D			DELETE 21 TI					☐ Change	Addition C	
NAME	SKINNER,	, RICHARD		2.3	2.2 NAME					İ	
STREET ADDRESS	421 W CF	TURCH ST		2.3 STREE1						ŀ	
CITY-ST-ZIP					I CITY-S1-ZIP						
TITLE	D		DEL	LETE 3.1	TITLE		D		Change	X Addition	
NAME	LYNAGH	WILLIAM		3.2	3.2 NAME			mstrong, Sherman		-	
STREET ADDRESS		EURCH ST		3.3	STREET	ADDRESS	421 W Church St.				
CITY-ST-ZIP		<u> IVILLE FL 32202-413</u>	9	3.4. C				cksonville, FL 32202-41	39		
TITLE	D/C						D		Change	Addition	
NAME	POWELL, ANTA			. 4. 2 NAM				regory, Marion A.		1	
STREET ADDRESS		furch st	•	4.3 \$1			42	l W Church St.			
DITY-ST-ZIP		JACKSONVILLE FL 32202-4139			4.4 CITY - ST - ZIP J		Ja	cksonv ille, FL 32202-4 1	39	77 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE	D	M.	L DEL		TITLE				∟ ∪nange	Addition	
NAME				NAME					.		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE					CITY-S	T-ZIP			Change	Addition	
	D	EV VATHV	L) ULL			1 .			m cuante	L. Mandon	
NAME OTDERT ADDRESS		LEY, KATHY IURCH ST			NAME	40000000					
STREET ADDRESS		1011011 51 MILLE FL 32202-413	٥			ADDRESS				1	
City-ST-ZIP 14. I do herel	by certify that	the information supplied	ed with this filing does a	ot qualify for th	CITY-S	mption state	ed in	Section 119.07(3)(i), Florida Statutes, I furth	er certify that	l 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											
14. I do 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 indicator of the information indicator of the corporation 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 charged, or on an attachment with an address.											