

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 # N10971 (2)

1. Corporation Name

VNA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

421 WEST CHURCH STREET  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139  
US

421 WEST CHURCH STREET  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139  
US

3. Date Incorporated or Qualified  
09/05/1985

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUTS, ROY  
421 WEST CHURCH STREET  
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 D  
NAME CURRAN, DAN ☒ DELETE  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

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

VS  
GREGORY, MARION ☐ Change ☒ Addition  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

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

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

☐ Change ☐ Addition

TITLE D  
NAME TULLIS, DON ☒ DELETE  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

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

D  
JONES, MALCOLM ☐ Change ☒ Addition  
421 WEST CHURCH STREET  
JACKSONVILLE FL 32202-4139

TITLE D  
NAME FRANKLIN, FELICE ☐ DELETE  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

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

☐ Change ☐ Addition

TITLE D  
NAME GILMORE, NOLAN ☐ DELETE  
STREET ADDRESS 421 W CHURCH ST  
CITY-ST-ZIP JACKSONVILLE FL

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

☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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)(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

4-2-96

(904) 788-1720

Date

Daytime Phone #

CR2E037 (12/95)