

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32202-4173 US

3. Date Incorporated or Qualified 09/05/1985	3a. Date of Last Report 04/12/1996
--	--

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

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, MARION	1.2 NAME	Gregory, Marion A.
STREET ADDRESS	421 W CHURCH ST	1.3 STREET ADDRESS	421 W Church St.
CITY-ST-ZIP	JAX FL 39	1.4 CITY-ST-ZIP	Jacksonville, FL 32202-4139
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, BECKY	2.2 NAME	Grimes, Becky
STREET ADDRESS	421 WEST CHURCH STREET	2.3 STREET ADDRESS	421 W Church St.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32202-4139
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MALCOLM	3.2 NAME	
STREET ADDRESS	421 W CHURCH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 39	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, FELICE	4.2 NAME	
STREET ADDRESS	421 W CHURCH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, NOLAN	5.2 NAME	Hannan, David
STREET ADDRESS	421 W CHURCH ST	5.3 STREET ADDRESS	421 W Church St.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32202-4139
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUTS, ROY	6.2 NAME	
STREET ADDRESS	421 WEST CHURCH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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 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.

CR2E037 (9/96)