

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 # N13059 (3)

1. Corporation Name

VISITING NURSE ASSOCIATION OF THE TREASURE COAST
, INC.



Principal Place of Business

Mailing Address

1111 36TH ST.
VERO BEACH FL 32960-3514

1111 36TH ST.
VERO BEACH FL 32960-3514

3. Date Incorporated or Qualified

01/17/1986

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KENNEDY, SHARON L.
1111-36TH STREET
VERO BEACH FL 32960-3514

4. FEI Number

59-2664912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	KENNEDY, SHARON	1111-36TH ST	VERO BEACH FL	<input type="checkbox"/>
D	MCCRISTAL, ANN MARIE	511 BAY DR.	VERO BEACH FL	<input type="checkbox"/>
D	MCEVOY, DOUG	3545 OCEAN DR	VERO BEACH FL	<input type="checkbox"/>
CD	MORGAN, KEITH	700 20TH STREET	VERO BEACH FL	<input type="checkbox"/>
TD	BEINDORF, ANDREW	958 20TH PLACE	VERO BEACH FL	<input checked="" type="checkbox"/>
V	BAXTER-GIBSON, SUSAN	1111-36TH ST	VERO BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	CD	FRAN PIECK	1501 E. CAMINO DEL RIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22	VERO BEACH, FLORIDA	32963		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	D	Morgan, Keith	700-20TH Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	VERO BEACH, FL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51	TD	Cindi Hunt	2550 Palm Bay Road NE, Suite 205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52	Palm Bay, Florida	32905		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Baxter Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/96 407-527-5551

CR2E037 (12/95)