

5-13-97 B. 1135
FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13059 (3)**
1. Corporation Name
VISITING NURSE ASSOCIATION OF THE TREASURE COAST, INC.

Principal Place of Business 1111 36TH ST. VERO BEACH FL 32960-3514	Mailing Address 1111 36TH ST. VERO BEACH FL 32960-4801
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3. Date Incorporated or Qualified 01/17/1986	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2664912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**KENNEDY, SHARON L.
1111-36TH STREET
VERO BEACH FL 32960-3514**

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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	<input type="checkbox"/> DELETE
NAME	KENNEDY, SHARON
STREET ADDRESS	1111-36TH ST
CITY - ST - ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD
STREET ADDRESS	FRAN PIECK
CITY - ST - ZIP	1501 E CMINO DEL RIO VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	MCEVOY, DOUG
CITY - ST - ZIP	3545 OCEAN DR VERO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	MORGAN, KEITH
CITY - ST - ZIP	700 20TH ST VERO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD
STREET ADDRESS	CINDI HENF
CITY - ST - ZIP	2550 PALM BAY ROAD, NE, SUITE 205 PALM BAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	V
STREET ADDRESS	BAXTER-GIBSON, SUSAN
CITY - ST - ZIP	1111-36TH ST VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P CEO
1.3 STREET ADDRESS	KENNEDY, SHARON
1.4 CITY - ST - ZIP	1111 36TH ST VERO BEACH, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	DOUG MCEVOY
3.4 CITY - ST - ZIP	3305 FLAMINGO DRIVE VERO BEACH FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VC D
4.3 STREET ADDRESS	FORD FEGERT
4.4 CITY - ST - ZIP	817 BEACHLAND BLVD VERO BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T D
5.3 STREET ADDRESS	GARY RUST
5.4 CITY - ST - ZIP	403 33 AVE SW VERO BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE **Susan Baxter Gibson, VP Finance**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 561-567-5551
Date Daytime Phone # 0020526

CR2E037 (9/96)

Visiting Nurse Association of the Treasure Coast, Inc.

Additional Officers and Directors 1996-97, Directors terms expiring April 1997

VP

Margot Kornicks
1111 36th Street
Vero Beach, FL 32960

Directors:

Anne Stubbs
319 Live Oak Road
Vero Beach, FL 32963

Anne Marie McCrystal
511 Bay Drive
Vero Beach, FL 32963

Cynthia Cox
1432 21st Street
Vero Beach, FL 32960

Jim St Clair
1660 Old Dixie Hwy
Vero Beach, FL 32960

Gifford Hampton III
3305 Flamingo Drive
Vero Beach, FL 32963

Michael O'Grady
1000 36th Street
Vero Beach, FL 32960

Patricia Blythe
825 90th Avenue
Vero Beach, FL 32966

Penny Umland
2056 Windward Way
Vero Beach, FL 32963

R. D. Coursen
900 Riomar Drive
Vero Beach, FL 32963

Dr Thomas Morse
735 Riomar Drive
Vero Beach, FL 32963

Beverly Cambron
715 Lagoon Road
Vero Beach, FL 32963

Harold Lewis
1616 Ocean Drive #401
Vero Beach, FL 32963

Sara Wilds
10635 Fife Avenue
Vero Beach, FL 32963

Helen Murphy
1963 Olde Bridge
Vero Beach, FL 32966

Birgitte McKinney
4810 Bethel Creek Dr #1
Vero Beach, FL 32963

Fred M Blaicher
2770 Indian River Blvd
Vero Beach, FL 32963

SEC

Keith Morgan
700 20th Street
Vero Beach, FL 32960

Dr Wilfred Small
2733 Ocean Drive
Vero Beach, FL