## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 \_\_\_\_

**DOCUMENT # N13059** 

1. Corporation Name

VISITING NURSE ASSOCIATION OF THE TREASURE COAST . INC.

Principal Place of Business
1111 36TH ST.
VERO BEACH FL 32960-3514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

1111 36TH ST.

VERO BEACH FL 32960-3514

# FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90126 012 \*\*\*\*61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/17/1986

59-2664912

FEI Number

23			J				<del></del>			45.00	
Zip		intry	Zip 7	_	Country			Campaign Financing and Contribution		\$5.00 to Added to	
24	25	29	J—. —	30	<del></del> -			and Address of New	Panistared A		71003
	9. Name and Ad	dress of Current Reg	isterea Agent		81	Name	TO. Maine a	IIIU Addiess of 146W	itagiaterea A	gone	
					'	Name					
KENNEDY,	, Sharon L.				82	Street A	Address (P.O. Box	Number is Not Accept	able)		
1111-36TH STREET											
VERO BEA	CH FL 32960-351	4			83						
					84	City		<del></del>		85 Zip C	ode
									FL_		
office or n	enistered eaent or b	Sections 617.0502 and oth, in the State of Flo accept the obligations of the obligations	rida. Such chai	nde was authoi	nzed by 1	-named one corporate	corporation submits pration's board of di	s this statement for the irectors. I hereby acce	purpose of country the purpose of country the appoint	hanging its tment as reg	registered jistered
	m ramiliar with, and i	accept the obligations t	oi, section on	,0005, 1 longa -	olalules.						1
SIGNATURE	Signature, typed or printed of	name of registered agent and titl	le if applicable.	(NOTE: Regis	stered Agent	signature re	equired when reinstating)		DATE		
12.		OFFICERS AND DIF	RECTORS		13.		ADDITIO	NS/CHANGES TO OF	FICERS AND		
TITLE	PCEO			DELETE	1.1 TITLE	]				Change	☐ Addition
NAME	KENNEDY, SHAR	ON			1.2 NAME						i
STREET ADDRESS	1111 36TH ST.				1.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL				1.4 CITY-ST	-ZIP					
TITLE	CD	<del></del>	XX	ELETE	2.1 TITLE		VC/D			Change	XAddition
NAME	FRAN PIECK				2.2 NAME		KANAREK, (	CAROL			
STREET ADDRESS	1501 E CMINO D	EL RIO			2.3 STREET	ADDRESS	1241 POITE	RAS DRIVE			
CITY-ST-ZIP	VERO BEACH FL				2. 4 CITY-S	r-ZIP	VERO BEACH	1. FL			
TITLE	D			DELETE	3.1 TITLE		C/D /	· •		Change	☐ Addition
NAME	MCEVOY, DOUG				3.2 NAME	ļ					
STREET ADDRESS	5-005 EL 11110				3.3 STREET	ADDRESS					ļ
CITY-ST-ZIP	VERO BEACH FL				3.4. CITY- ST	r-28P					
TITLE	VCD			DELETE	4.1 11TLE		CE/D	·		Change	☐ Addition
NAME	FERGERT, FORD	ı			4. 2 NAME		, -				
STREET ADDRESS	817 BEACHLAND			, [	4.3 STREET	address					
CITY-ST-ZIP	VERO BEACH FL				4.4 CITY-ST	-ZIP					
TITLE	TD			DELETE	5.1 TITLE					Change	☐ Addition
NAME	RUST, GARY				5.2 NAME						
STREET ADDRESS	403 33 AVE. S.W.	<i>l</i> .			5.3 STREET	ADDRESS					1
CITY-ST-ZIP	PALM BAY FL			1	5.4 CITY-ST	-ZIP					
TITLE	٧	<del></del>		DELETE	6.1 TITLE					Change	Addition
NAME	KORNICKS, MAR	GOT		J	6.2 NAME						
STREET ADDRESS	AAAA OOTU OTDE				6.3 STREET	ADDRESS					
CITY-ST-7IP	VERO BEACH FL	_			6.4 CITY-ST						
14. I hereby	certify that the inform	ation supplied with this	filing does not	qualify for the	exemption	on stated	in Section 119.07	(3)(i), Florida Statutes.	. I further cert	ify that the i	nformation

b. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

561 567-5551 Daytime Phone #

CR2E037 (

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Applied For

\$8.75 Additional

Fee Required

Not Applicable

### Visiting Nurse Association of the Treasure Coast, Inc.

Additional Officers and Directors 1998-99, Directors terms expiring April 1999

S/D Dr. Wilfred Small 2733 Ocean Drive Vero Beach, FL 32963 1)13059 532094.90126.12

#### Directors:

Anne Stubbs 319 Live Oak Road Vero Beach, FL 32963

Gifford Hampton III 5065 North A1A Vero Beach, FL 32963

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

Sara Wilds 10635 Fife Avenue Vero Beach, FL 32963 Anne Marie McCrystal 511 Bay Drive Vero Beach, FL 32963

Michael O'Grady 1515 50th Court Vero Beach, FL 32960

Dr. Thomas Morse 735 Riomar Drive Vero Beach, FL 32963

Helen Murphy 1963 Olde Bridge Vero Beach, FL 32966 Cynthia Cox 1432 21st Street Vero Beach, FL 32960

John Moore 756 Beachland Blvd Vero Beach, FL 32963

Beverly Cambron 715 Lagoon Road Vero Beach, FL 32963

Keith Morgan 700 20th Street Vero Beach, FL 32960 Fran Pieck

1501 E Camino Del Rio Vero Beach, FL 32963

Jim St Clair 1660 Old Dixie Hwy Vero Beach, FL 32961

Marie Turbie 1731 Victoria Circle Vero Beach, FL 32967