

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90197 035 \*\*\*\*61.25

**DOCUMENT # N13059**

1. Entity 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 32960-3514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2664912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOME, SHARON K.  
1111-36TH STREET  
VERO BEACH FL 32960-3514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sharon K. Broome

PRES / CEO

3/3/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCEO**  
NAME **BROOME, SHARON K**  
STREET ADDRESS **1111 36TH ST**  
CITY-ST-ZIP **VERO BEACH FL**

☐ Delete

TITLE **CEO**  
NAME **KANAREK, CAROL**  
STREET ADDRESS **1241 POINTRAS DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

☐ Delete

TITLE **VCD**  
NAME **MCDONALD, JOHN**  
STREET ADDRESS **1770 37TH ST**  
CITY-ST-ZIP **VERO BEACH FL**

☐ Delete

TITLE **CD**  
NAME **FERGERT, FORD**  
STREET ADDRESS **817 BEACHLAND BLVD.**  
CITY-ST-ZIP **VERO BEACH FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE **ID**  
NAME **Lohuis, Neal**  
STREET ADDRESS **1025 Flamevine Ln**  
CITY-ST-ZIP **VERO BEACH FL 32963**

☐ Change

☒ Addition

TITLE **CD**  
NAME **Kanarek, Carol**  
STREET ADDRESS **1241 Pointas Dr**  
CITY-ST-ZIP **VERO BEACH FL 32963**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon K. Broome

SHARON K. BROOME 3/3/03 772-978-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)