

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15551

FILED
Feb 21, 2007
Secretary of State

Entity Name: FLORIDA COUNCIL OF VISITING NURSE ASSOCIATIONS, INC.

Current Principal Place of Business:

2400 SE MONTEREY ROAD
SUITE 300
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2400 SE MONTEREY ROAD
STE 300
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-2351319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOME, SHARON
1111 36TH ST
VERO BCH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: VANN, ANNA
Address: 3652 CENTRAL AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: P/D () Delete
Name: BROOME, SHARON
Address: 1111 36TH ST
City-St-Zip: VERO BCH, FL 32960

Title: T/D () Delete
Name: CROW, DONALD
Address: 2400 SE MONTEREY RD, SUITE 300
City-St-Zip: STUART, FL 34996

Title: V/D () Delete
Name: KERN, LIZ
Address: 1319 WILLIAM STREE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. CROW

T/D

02/21/2007

Electronic Signature of Signing Officer or Director

Date