

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17456** (7)

1. Corporation Name

VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC.



Principal Place of Business C/O SHARON L. KENNEDY 1111 36TH STREET VERO BEACH FL 32960-6514	Mailing Address C/O SHARON L. KENNEDY 1111 36TH STREET VERO BEACH FL 32960-6514
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3. Date Incorporated or Qualified 10/21/1986
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4. FEI Number 59-2804739	Applied For <input type="checkbox"/> Not Applicable
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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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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
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KENNEDY, SHARON L 1111 - 36TH STREET VERO BEACH FL 32960-6514

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, SHARON L	1.2 NAME	
STREET ADDRESS	1111 36 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRISTAL, ANN MARIE	2.2 NAME	
STREET ADDRESS	511 BAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAFIELD, BARBARA	3.2 NAME	
STREET ADDRESS	470 COCONUT PALM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, GIFFORD	4.2 NAME	
STREET ADDRESS	3305 FLAMINGO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, SUSAN BAXTER	5.2 NAME	KORNICKS, MARGOT
STREET ADDRESS	1111 36 STREET	5.3 STREET ADDRESS	1111 36th STREET
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, ANNE	6.2 NAME	
STREET ADDRESS	319 LIVE OAK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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: Margot Kornicks 3/13/98

CR2E037 (10/97)

Visiting Nurse Association & Hospice Foundation, Inc.

Additional Officers and Directors 1997-98, Directors terms expiring April 1998

Directors:

Emily Appleton
61 Caribe Way
Vero Beach, FL 32963

Edie Fillettaz
906 Greenway Lane
Vero Beach, FL 32963

Jay McNamara
4050 Beach Road
Vero Beach, FL 32963

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

Allen Hubbard Jr.
7445 Indian Oaks Drive
Vero Beach, FL 32966

Jean Messex
81 Cowry Lane
Vero Beach, FL 32963

Fran Pieck
101 Camino Del Rio
Vero Beach, FL 32963

Betty Smith
145 Sago Palm Road
Vero Beach, FL 32963

Dace Stubbs
350 Palmetto Point
Vero Beach, FL 32963

Patricia Moore
431 Indian Harbor Road
Vero Beach, FL 32963

William Stewart
3355 Ocean Drive
Vero Beach, FL 32963

Andrew Williams
616 Azalea Lane
Vero Beach, FL 32963

William Caldwell
744 Beachland Blvd.
Vero Beach, FL 32963

Keith Morgan
700 20th Street
Vero Beach, FL 32960

Harry Walker
Drawer T (Sunsweet)
Vero Beach, FL 32961

Robert Bowman
320 Coconut Palm Road
Vero Beach, FL 32963