1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N17456

1. Corporation Name

VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION,

Principal Place of Business

Mailing Address

C/O SHARON L. KENNEDY 1111 36TH STREET VERO BEACH FL 32960-6514

C/O SHARON L. KENNEDY 1111 36TH STREET VERO BEACH FL 32960-6514

May 10, 1999 8:00 am § Secretary of State

05-10-1999 90126 011 ****61.25



2.	Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address,				3. Date Incorporated or Qualifed							
21			26					10/21/1986 4. FEI Number Applied For							
_	Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				59-2804739				Applied For Not Applicable			
22				27				39-2004	103			40 7			
-	City & State	e	 	City & State				. Certifcate	of Status Des	ired 🔲			D Add	ditional pired	
23		Oswata	28 Zip	Zip Country									<u> </u>		
	Zip	Country	·	30	Couriny		Ь		ampaign Fina Contribution	ncing			00 м led to l		
24		25 29 30 9. Name and Address of Current Registered Agent					Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent								
a. Mame suo Modress or Content Kadisteran Maur						Name		, Haine and	Addiess of	TTO HOLD	5,00 / 1	94			
						81 Name									
KENNEDY, SHARON L						82 Street Address (P.O. Box Number is Not Acceptable)									
1111 - 36TH STREET											_				
١	/ERO BEA	ICH FL 32960-6514		83											
					84	City					FL	85 2	Zip Co	de	
- 44			0500 1 047 4500	Florido Cintutos ti	ha abaye	2 22224	corporation	on euhmite th	is statement t	for the purpo		anging	n its ne	gistered	
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														tered	
	agent. I ai	m familiar with, and accept the o	bligations of, Section	617.0503, Florida	Statutes	•									
SIGNATURE Storeture broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													\		
12.		Signature, typed or printed name of registere	S AND DIRECTORS	(NOTE: Regi	13,	ii signaiture r	equired wrien		/CHANGES 1			DIREC	CTOR	S IN 12	
TITL		PCEO		☐ DELETE	1.1 TITLE							Char		Addition	
	1	KENNEDY, SHARON L			1.2 NAME							_		_	
NAM	_	1111 36 ST		1		T ADDRESS	ļ								
	EET ADORESS			1											
	'-ST-ZIP	VERO BEACH FL		□ DELETE	1.4 CITY-5 2.1 TITLE	1-ZIP	_		_			Char	nge	Addition	
TITL		MCCRYSTAL, ANN MARIE			2.2 NAME		!					_			
NAV		511 BAY DRIVE			2.3 STREET	LAUUDESS									
	EET ADORESS	VERO BEACH FL		1	2.4 CITY-8									\	
TITL	'-ST-ZIP	SD SD	 		3.1 TITLE	71-21			_			Char	nge	Addition	
		DELAFIELD, BARBARA			3.2 NAME							-			
NAM		470 COCONUT PALM ROAL	n	i i		TADORESS	}							ļ	
	EET ADDRESS	VERO BEACH FL		L	3.4. CITY-5		({	
TITL	(-ST-ZIP	TD		DELETE	4.1 TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>	 					<u></u> Char	nge	Addition	
		HAMPTON, GIFFORD			4. 2 NAME							75			
NAM	_	3305 FLAMINGO DRIVE		Į.		T ADDRESS	5065	NORTH	A1A						
	EET ADDRESS	VERO BEACH FL		ľ	4.4 CITY-S		5555	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						{	
CITY	-ST-ZIP	VERU DEAUTIFL		☐ DELETE	5.1 TITLE	1-71			_			☐ Char	nge	Addition	
NAN	•	KORNICKS, MARGOT		i	5.2 NAME							_		. [
	_	1111 36TH ST			5.3 STREET	TADDRESS									
	EET ADDRESS				5.4 CITY-S										
CITY	- ST-ZIP	VERO BEACH FL VCD		□ DELETE	6.1 TITLE		 					☐ Char	nge	☐ Addition	
					6.2 NAME							_	-	_	
NAM	-	STUBBS, ANNE				TADDRESS									
STR	EET ADDRESS	319 LIVE OAK RD			O.O O IREE		l								

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

VERO BEACH FL

Visiting Nurse Association & Hospice Foundation, Inc.

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

5320939012611

Directors:

Emily Appleton 61 Caribe Way Vero Beach, FL 32963

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

Dace Stubbs 350 Palmetto Point Vero Beach, FL 32963

William Caldwell 744 Beachland Blvd. Vero Beach, FL 32963

Doug McEvoy 3305 Flamingo Drive Vero Beach, FL 32964 Edie Filliettaz 906 Greenway Lane Vero Beach, FL 32963

Jean Messex 81 Cowry Lane Vero Beach, FL 32963

Patricia Moore 431 Indian Harbor Road Vero Beach, FL 32963

Keith Morgan 700 20th Street Vero Beach, FL 32960

John Mitchell 220 Sandpiper Point Vero Beach, FL 32963 Jay McNamara 4050 Beach Road Vero Beach, FL 32963

Fran Pieck 1501 E Camino Del Rio Vero Beach, FL 32963

William Stewart 3355 Ocean Drive Vero Beach, FL 32963

Robert Bowman 320 Coconut Palm Road Vero Beach, FL 32963 Dr George Wright 1000 36th Street Vero Beach, FL 32960

Betty Smith 145 Sago Palm Road Vero Beach, FL 32963

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