

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17456

FILED
Jan 09, 2004
Secretary of State**Entity Name:** VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**C/O SHARON K. BROOME
1111 36TH STREET
VERO BEACH, FL 329606514**New Principal Place of Business:****Current Mailing Address:**C/O SHARON K. BROOME
1111 36TH STREET
VERO BEACH, FL 329606514**New Mailing Address:****FEI Number:** 59-2804739**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROOME, SHARON K.
1111 - 36TH STREET
VERO BEACH, FL 329606514 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:** PCEO () Delete
Name: BROOME, SHARON K
Address: 1111 36 ST
City-St-Zip: VERO BEACH, FL**Title:** C () Delete
Name: MCCRYSTAL, ANN MARIE,
Address: 511 BAY DRIVE
City-St-Zip: VERO BEACH, FL**Title:** SD () Delete
Name: NELSON, SONNY
Address: 141 CLARKSON LN
City-St-Zip: VERO BEACH, FL 32963**Title:** TD () Delete
Name: HAMPTON, GIFFORD
Address: 5065 NORTH A1A
City-St-Zip: VERO BEACH, FL**Title:** VCD () Delete
Name: CAMPIONE, JOHN
Address: 80 ROYAL PALM PL. #302
City-St-Zip: VERO BEACH, FL 32960**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** C (X) Change () Addition
Name: MCCRYSTAL, ANN MARIE
Address: 511 BAY DRIVE
City-St-Zip: VERO BEACH, FL 32963**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: HAMPTON, GIFFORD
Address: 2046 TREASURE COAST PLAZA
City-St-Zip: VERO BEACH, FL 32960**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 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 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: ANN MARIE MCCRYSTAL

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01/09/2004

Electronic Signature of Signing Officer or Director

Date