

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17456

FILED
Apr 24, 2006
Secretary of State

Entity Name: VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC.

Current Principal Place of Business:

C/O SHARON K. BROOME
1110 35TH LANE
VERO BEACH, FL 329606514

New Principal Place of Business:

Current Mailing Address:

C/O SHARON K. BROOME
1110 35TH LANE
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.
1110 35TH LANE
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: 1110 35TH LANE
City-St-Zip: VERO BEACH, FL

Title: C () Delete
Name: MCCRYSTAL, ANN MARIE
Address: 511 BAY DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: NELSON, SONNY
Address: 141 CLARKSON LN
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: HAMPTON, GIFFORD
Address: 2046 TREASURE COAST PLAZA
City-St-Zip: VERO BEACH, FL 32960

Title: VCD () Delete
Name: CAMPIONE, JOHN
Address: 80 ROYAL PALM PT #302
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MARESI, LALA
Address: 185 SPRINGLINE DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: TD (X) Change () Addition
Name: TOMPKINS, SUE M
Address: 2940 CARDINAL DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: VCD (X) Change () Addition
Name: CAMPIONE, JOHN
Address: 31 ROYAL PALM PT
City-St-Zip: VERO BEACH, FL 32960

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: SHARON K. BROOME

PCEO

04/24/2006

Electronic Signature of Signing Officer or Director

Date