

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17456

FILED  
Mar 12, 2009  
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 32960

**New Principal Place of Business:**

1110 35TH LANE  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O SHARON K. BROOME  
1110 35TH LANE  
VERO BEACH, FL 32960

**New Mailing Address:**

1110 35TH LANE  
VERO BEACH, FL 32960

**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 32960 US

**Name and Address of New Registered Agent:**

NEWBROUGH, JAMES P  
1110 35TH LANE  
VERO BEACH, FL 32960 US

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: JAMES P NEWBROUGH

03/12/2009

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 32960

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition  
Name: NEWBROUGH, JAMES P  
Address: 1110 35TH LANE  
City-St-Zip: VERO BEACH, FL 32960

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 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: JAMES P NEWBROUGH

PCEO

03/12/2009

Electronic Signature of Signing Officer or Director

Date