

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 711056

Entity Name: VISITING NURSES ASSOCIATION OF SOUTHWEST FLORIDA,
INC.

Current Principal Place of Business:

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

Current Mailing Address:

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908 US

FEI Number: 59-6175593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIFFIN, J. ROBERT
9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BECKWITH, SAMIRA K
Address 9470 HEALTHPARK CIRCLE
City-State-Zip: FORT MYERS FL 33908

Title CFO
Name LAMPLEY, JILL
Address 5130 HARBORAGE DRIVE
City-State-Zip: FT MYERS FL 33908

Title PAST CHAIR
Name TURBEVILLE, RICHARD
Address 516 LAKE AVENUE
City-State-Zip: LEHIGH ACRES FL 33972

Title CHAIR
Name IDELSON, CHARLES
Address 13792 PINE VILLA LANE
City-State-Zip: FORT MYERS FL 33912

Title TREASURER
Name NICHOLS, JERRY F
Address 6611 ORION DRIVE
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY
Name STILWELL YOUNGQUIST, SANDRA
Address 15871 KNIGHTSBRIDGE COURT
City-State-Zip: FORT MYERS FL 33908

Title VICE CHAIR
Name MCCANN, JOHN W
Address 2460 PALM RIDGE ROAD
City-State-Zip: SANIBEL FL 33957

I hereby 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 all other like empowered.

SIGNATURE: SAMIRA BECKWITH

PRESIDENT

06/11/2019

Electronic Signature of Signing Officer/Director Detail

Date