

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:15

DOCUMENT # **740892** (5)

1. Corporation Name
HOSPICE OF ST. FRANCIS, INC.

Principal Place of Business Mailing Address
9 SOUTH PALM AVENUE 9 SOUTH PALM AVENUE
P.O. BOX 5563 P.O. BOX 5563
TITUSVILLE FL 32783-5563 TITUSVILLE FL 32783-5563

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1977** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-1795440** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country
24

9. Name and Address of Current Registered Agent

JONES, HARRY A. ESQUIRE
750 COUNTRY CLUB DRIVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name **Jones, Harry A.**
82 Street Address (P.O. Box Number is Not Acceptable) **11A Max Brewer Parkway**
83
84 City **Titusville** FL 85 Zip Code **32781**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Harry A. Jones, Esq.* **Harry A. Jones, Esq.** 2/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	REAGLE, JAMES
STREET ADDRESS	1011 GALLEON STREET
CITY-ST-ZIP	COCOA FL
TITLE	VPD
NAME	WOLTERS, BRUCE
STREET ADDRESS	1000 N CARPENTER ROAD
CITY-ST-ZIP	TITUSVILLE, FL 00000
TITLE	SD
NAME	ARCHER, PHILLIP
STREET ADDRESS	3058 FOLSOM RD.
CITY-ST-ZIP	MIMS FL
TITLE	D
NAME	SASKO, EMILIE
STREET ADDRESS	163 ALHAMBRA STREET
CITY-ST-ZIP	TITUSVILLE, FL 00000
TITLE	PD
NAME	PREVATT, JIMMIE
STREET ADDRESS	2300 HOLDER RD
CITY-ST-ZIP	MIMS FL
TITLE	D
NAME	POE, EDWARD
STREET ADDRESS	603 INDIAN RIVER AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Harry A	
1.3 STREET ADDRESS	11A Max Brewer Parkway	
1.4 CITY-ST-ZIP	Titusville, FL 32781	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wolters, Bruce	
2.3 STREET ADDRESS	1000 S. Carpenter Road	
2.4 CITY-ST-ZIP	Titusville, FL 32796	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Archer, Phillip	
3.3 STREET ADDRESS	3058 Folsom Road	
3.4 CITY-ST-ZIP	Mims, FL 32754	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hoffman, Margaret	
4.3 STREET ADDRESS	990 Palermo Drive	
4.4 CITY-ST-ZIP	Titusville, FL 32780	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Prevatt, Jimmie	
5.3 STREET ADDRESS	2300 Holder Road	
5.4 CITY-ST-ZIP	Mims, FL 32754	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sasko, Emilie	
6.3 STREET ADDRESS	163 Alhambra St.	
6.4 CITY-ST-ZIP	Titusville, FL 32780	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 10.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Harry A. Jones, Esq.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95

LMH

Daytime Phone #