

FILE NOW: FILING FEE IS \$61.25 *ca*

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # 740892 (5)

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



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

3. Date Incorporated or Qualified: **11/28/1977**
3a. Date of Last Report: **02/22/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes; No

2. Principal Place of Business: **6770 South US #1**
2a. Mailing Address: **P O BOX 5563**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **Titusville, FL**
28. City & State: **Titusville, FL**
24. Zip: **32780** 25. Country: **USA**
29. Zip: **32783-5563** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **JONES, HARRY A. ESQUIRE 11A MAX BREWER PARKWAY TITUSVILLE FL 32781**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-nominating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JONES, HARRY A.		1.2 NAME: Rowton, Hilde	
STREET ADDRESS: 11A MAX BREWER PKWY		1.3 STREET ADDRESS: 18 N. Dixie Ave.	
CITY-ST-ZIP: TITUSVILLE FL		1.4 CITY-ST-ZIP: Titusville, FL 32796	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WOLTERS, BRUCE		2.2 NAME: Baker, Rod	
STREET ADDRESS: 1000 N CARPENTER ROAD		2.3 STREET ADDRESS: 2082 Londontown Lane	
CITY-ST-ZIP: TITUSVILLE, FL 00000		2.4 CITY-ST-ZIP: Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ARCHER, PHILLIP		3.2 NAME: Hoffman, Margaret	
STREET ADDRESS: 3058 FOLSOM RD.		3.3 STREET ADDRESS: 990 Palermo Dr.	
CITY-ST-ZIP: MIMS FL		3.4 CITY-ST-ZIP: Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HOFFMAN, MARGARET		4.2 NAME: Pobjecky, Richard	
STREET ADDRESS: 990 PALERMO DRIVE		4.3 STREET ADDRESS: 414 Pine St.	
CITY-ST-ZIP: TITUSVILLE, FL 00000		4.4 CITY-ST-ZIP: Titusville, FL 32796	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PREVATT, JIMMIE		5.2 NAME: Poe, Ed	
STREET ADDRESS: 2300 HOLDER RD		5.3 STREET ADDRESS: 2825 Lacita Lane	
CITY-ST-ZIP: MIMS FL		5.4 CITY-ST-ZIP: Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SASKO, EMILIE		6.2 NAME: Moening, Carol	
STREET ADDRESS: 163 ALHAMBRA ST.		6.3 STREET ADDRESS: 6770 South US Highway 1	
CITY-ST-ZIP: TITUSVILLE, FL 00000		6.4 CITY-ST-ZIP: Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address.

SIGNATURE: _____ **3/7/96 (407) 264-0334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<u>Change</u>	<u>X</u> Addition
7.1 Title	S	
7.2 Name	Cheryl M. Parker	
7.3 Street Address	3972 Ridgewood Dr.	
7.4 City-St-Zip	Titusville, FL 32796	