

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.
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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, HARRY A.	
STREET ADDRESS	11A MAX BREWER PKWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLTERS, BRUCE	
STREET ADDRESS	1000 N CARPENTER ROAD	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARCHER, PHILLIP	
STREET ADDRESS	3058 FOLSOM RD.	
CITY-ST-ZIP	MIMS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MARGARET	
STREET ADDRESS	990 PALERMO DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREVATT, JIMMIE	
STREET ADDRESS	2300 HOLDER RD	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SASKO, EMILIE	
STREET ADDRESS	163 ALHAMBRA ST.	
CITY-ST-ZIP	TITUSVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rowton, Hilde	
1.3 STREET ADDRESS	18 N. Dixie Ave.	
1.4 CITY-ST-ZIP	Titusville, FL 32796	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Baker, Rod	
2.3 STREET ADDRESS	2082 Londontown Lane	
2.4 CITY-ST-ZIP	Titusville, FL 32796	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hoffman, Margaret	
3.3 STREET ADDRESS	990 Palermo Dr.	
3.4 CITY-ST-ZIP	Titusville, FL 32780	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pobjecky, Richard	
4.3 STREET ADDRESS	414 Pine St.	
4.4 CITY-ST-ZIP	Titusville, FL 32796	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Poe, Ed	
5.3 STREET ADDRESS	2825 Lacita Lane	
5.4 CITY-ST-ZIP	Titusville, FL 32780	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Moening, Carol	
6.3 STREET ADDRESS	6770 South US Highway 1	
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 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: _____ DATE: **3/7/96** DAYTIME PHONE #: **(407) 264-0334**

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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	