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Feb 18 1997 8:00 am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740892 (5)
1. Corporation Name
HOSPICE OF ST. FRANCIS, INC.



Principal Place of Business Mailing Address
6770 SOUTH US #1 TITUSVILLE FL 32780 US
P.O. BOX 5563 TITUSVILLE FL 32783-5563 US

3. Date Incorporated or Qualified 11/28/1977
3a. Date of Last Report 03/20/1996
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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HARRY A.	1.2 NAME	D Harry A. Jones
STREET ADDRESS	11A MAX BREWER PKWY	1.3 STREET ADDRESS	11A Max Brewer Pkwy
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville FL 32796
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLTERS, BRUCE	2.2 NAME	SD Wolters, Bruce
STREET ADDRESS	1000 N CARPENTER ROAD	2.3 STREET ADDRESS	1000 S Carpenter Road
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	Titusville, FL 32796
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, PHILLIP	3.2 NAME	PD Archer, Phillip
STREET ADDRESS	3058 FOLSOM RD.	3.3 STREET ADDRESS	3058 Folsom RD
CITY-ST-ZIP	MIMS FL	3.4 CITY-ST-ZIP	Mims, FL 32754
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MARGARET	4.2 NAME	VPD Hoffman, Margaret
STREET ADDRESS	990 PALERMO DRIVE	4.3 STREET ADDRESS	990 Palermo Drive
CITY-ST-ZIP	TITUSVILLE, FL 00000	4.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVATT, JIMMIE	5.2 NAME	
STREET ADDRESS	2300 HOLDER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOENING, CAROL	6.2 NAME	TD Moening, Carol
STREET ADDRESS	6770 SOUTH US HWY 1	6.3 STREET ADDRESS	6770 South US Hwy 1
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	Titusville FL 32780

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phillip Archer* (Phillip Archer (President)) 2/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018228

CR2E037 (9/96)