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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 6770 SOUTH US #1, TITUSVILLE FL 32780, US  
Mailing Address: P.O. BOX 5563, TITUSVILLE FL 32783-5563, US

3. Date Incorporated or Qualified: 11/28/1977  
4. FEI Number: 59-1795440  
Applied For:  Not Applicable:

2. Principal Place of Business: 21 2395 S. Washington Ave, Suite, Apt. #, etc. 22 Suite 3+4, City & State 23 Titusville, FL, Zip 24 32780, Country 25 USA  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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: Wolters, Bruce D.  
82 Street Address (P.O. Box Number is Not Acceptable): 2395 S. Washington Ave  
83 Suite 3+4  
84 City: Titusville, FL 85 Zip Code: 32780

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: Bruce Wolters, Bruce Wolters, Executive Director 3-19-98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HARRY A.	
STREET ADDRESS	11A MAX BREWER PKWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WOLTERS, BRUCE	
STREET ADDRESS	1000 N CARPENTER ROAD	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARCHER, PHILLIP	
STREET ADDRESS	3058 FOLSOM RD.	
CITY-ST-ZIP	MIMS FL	
TITLE	VPD	<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	TD	<input type="checkbox"/> DELETE
NAME	MOENING, CAROL	
STREET ADDRESS	6770 SOUTH US HWY 1	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dennis O. Eaton
2.3 STREET ADDRESS	3817 Wetherfield Circle
2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MOENING, Carol
6.3 STREET ADDRESS	4475 Centre Blvd.
6.4 CITY-ST-ZIP	Port St. John, FL 32927

14. I 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: Philip G. Archer Philip G. Archer 3/19/98 (407)269-4240

CR2E037 (10/97)

**HOSPICE OF ST. FRANCIS, INC.  
BOARD OF DIRECTORS MEMBERSHIP**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>POSITION</b>
Stanley R. Andrews	2323 S. Washington Ave. Titusville, FL 32780	267-8621 (w) 267-0331 (h)	1 Director
Philip Archer	3058 Folsom Road Mims, FL 32754	617-7510 (w) 268-2847 (h)	2 President
Dennis O'Shea Eaton	3817 Wetherfield Titusville, FL 32780	867-4083 (w) 267-4335 (h)	3 Secretary
Margaret Hoffman, RN	990 Palermo Drive Titusville, FL 32780	269-3780 (h)	4 Vice President
Harry A. Jones	11A Max Brewer Pkwy Titusville, FL 32782-6447	264-0334 (w) 269-6840 (fax)	5 Director LOA
Earl Johnson	1321J Cheney Highway Titusville, FL 32780	383-0790 (h) 454-1559 (pager)	6 Director
Carol Moening	4475 Curtis Blvd. Sharpes, FL 32959	383-3545 (w) 636-5476 (h) 383-3547 (fax)	7 Treasurer
Fr. Richard Pobjecky	414 Pine Street Titusville, FL 32796	267-2545 (w) 269-3601 (h)	9 Director
Ed Poe	Max Brewer Parkway Titusville, FL 32780-6544	269-5862 (w) 267-0290 (h)	10 Director
Jim Prevatt	2300 Holder Road Mims, FL 32754	267-3806 (h)	11 Director
Hilde Rowton, LCSW	18 N. Dixie Avenue Titusville, FL 32796	267-6747 (h)	12 Director