

FILE NOW: FILING FEE IS \$61.25

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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
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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
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3. Date Incorporated or Qualified 11/28/1977
4. FEI Number 59-1795440
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Walters, 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 Walters, Bruce Walters, Executive Director 3-19-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HARRY A.	1.2 NAME	
STREET ADDRESS	11A MAX BREWER PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, BRUCE	2.2 NAME	
STREET ADDRESS	1000 N CARPENTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, PHILLIP	3.2 NAME	
STREET ADDRESS	3058 FOLSOM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MARGARET	4.2 NAME	
STREET ADDRESS	990 PALERMO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	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	TD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOENING, CAROL	6.2 NAME	
STREET ADDRESS	6770 SOUTH US HWY 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	

TO
MOENING, Carol
4475 Centre Blvd.
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**

NAME	ADDRESS	TELEPHONE	POSITION
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