


FILE NOW: FILING FEE IS \$61.25

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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90091 012 \*\*\*\*61.25

1/13/99

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740892**

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

Principal Place of Business 2395 S. WASHINGTON AVE SUITE 3 & 4 TITUSVILLE FL 32780 US	Mailing Address P.O. BOX 5563 TITUSVILLE FL 32783-5563 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/28/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1795440
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLTERS, BRUCE D 2395 S. WASHINGTON AVE SUITE 3 & 4 TITUSVILLE FL 32780		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TO
NAME	JONES, HARRY A.	1.2 NAME	JONES, HARRY A
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 32780
TITLE	SD	2.1 TITLE	
NAME	EATON, DENNIS O.	2.2 NAME	
STREET ADDRESS	3817 WETHERFIELD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000 32780	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
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	D
NAME	HOFFMAN, MARGARET	4.2 NAME	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	5.1 TITLE	
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	VD
NAME	MOENING, CAROL	6.2 NAME	MOENING, CAROL
STREET ADDRESS	4475 CURTIS BLVD	6.3 STREET ADDRESS	4475 CURTIS BLVD
CITY-ST-ZIP	PORT ST. JOHN FL 32927	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)(l), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/29/99 DAYTIME PHONE #: 407/269-4240

CR2E037 (1/198)