


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 740892
 1. Entity Name
 HOSPICE OF ST. FRANCIS, INC.



Principal Place of Business Mailing Address
 1250-B GRUMMAN PLACE 1250-B GRUMMAN PLACE
 TITUSVILLE, FL 32780-7927 US TITUSVILLE, FL 32780-7927 US



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
 59-1795440 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOLTERS, BRUCE D
 1250-B GRUMMAN PLACE
 TITUSVILLE, FL 32780-7927

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bruce Wolter DATE 01-03-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | T |
| NAME | KOETTER, RON |
| STREET ADDRESS | 410 INDIAN RIVER AVENUE STE A |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 |
| TITLE | V |
| NAME | NORRIS, RON JR |
| STREET ADDRESS | 1240 RIVERSIDE DR |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |
| TITLE | P |
| NAME | ANDREWS, STANLEY |
| STREET ADDRESS | 2690 SOUTH HOPKINS AVENUE STE 3 |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |
| TITLE | D |
| NAME | HOFFMAN, MARGARET |
| STREET ADDRESS | 990 PALERMO DRIVE |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |
| TITLE | D |
| NAME | PREVATT, JIMMIE |
| STREET ADDRESS | 2300 HOLDER RD |
| CITY-ST-ZIP | MIMS, FL |
| TITLE | S |
| NAME | MOENING, CAROL |
| STREET ADDRESS | 4475 CURTIS BLVD |
| CITY-ST-ZIP | PORT ST. JOHN, FL 32927 |

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 01/30/06-80018-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Wolter Executive Director DATE 01-03-2006 DAYTIME PHONE # 321-269-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #