


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90043 026 ****61.25

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



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

Mailing Address
 1250-B GRUMMAN PLACE
 TITUSVILLE, FL 32780-7927 US

60006801



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-1795440

Applied For
 Not Applicable

City & State

Zip Country

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Haddad	
STREET ADDRESS	4561 Helena Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Allender	
STREET ADDRESS	118 Country Club DR	
CITY-ST-ZIP	Titusville, FL 32780	

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: *Ron Norris* **1/16/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #