


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 740892 1. Entity Name HOSPICE OF ST. FRANCIS, INC.	
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Principal Place of Business 1250-B GRUMMAN PLACE TITUSVILLE, FL 32780-7927 US	Mailing Address 1250-B GRUMMAN PLACE TITUSVILLE, FL 32780-7927 US
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01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1795440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLTERS, BRUCE D  
1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780-7927

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOETTER, RON 410 INDIAN RIVER AVENUE STE A TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, RON JR 1240 RIVERSIDE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, STANLEY 2690 SOUTH HOPKINS AVENUE STE 3 TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MARGARET 990 PALERMO DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADDAD, SAMUEL 4561 HELENE DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLENDER, JERRY 118 COUNTRY CLUB AVE TITUSVILLE, FL 32780

U00000734885  
01/28/08-80017-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Wolters 1-21-08 321-269-4240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #