

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740892

FILED
Feb 23, 2009
Secretary of State

Entity Name: HOSPICE OF ST. FRANCIS, INC.

Current Principal Place of Business:

1250-B GRUMMAN PLACE
TITUSVILLE, FL 327807927 US

New Principal Place of Business:

Current Mailing Address:

1250-B GRUMMAN PLACE
TITUSVILLE, FL 327807927 US

New Mailing Address:

FEI Number: 59-1795440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLTERS, BRUCE D
1250-B GRUMMAN PLACE
TITUSVILLE, FL 327807927 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KOETTER, RON
Address: 410 INDIAN RIVER AVENUE STE A
City-St-Zip: TITUSVILLE, FL 32796

Title: P () Delete
Name: NORRIS, RON JR
Address: 1240 RIVERSIDE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: ANDREWS, STANLEY
Address: 2690 SOUTH HOPKINS AVENUE STE 3
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: HOFFMAN, MARGARET
Address: 990 PALERMO DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: HADDAD, SAMUEL
Address: 4561 HELENE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: ALLENDER, JERRY
Address: 118 COUNTRY CLUB AVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOETTER, RON
Address: 4309 LANTERN DR
City-St-Zip: TITUSVILLE, FL 32796

Title: VP (X) Change () Addition
Name: ALLENDER, JERRY
Address: 719 GARDEN ST
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HADDAD, SAMUEL
Address: 4561 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: S (X) Change () Addition
Name: JOHNSON, EARL
Address: 2790 LIBERTY AVE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE WOLTERS

MR

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date