

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740892

FILED  
Jan 12, 2010  
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: P  
Name: KOETTER, RONALD  
Address: 4309 LANTERN DR  
City-St-Zip: TITUSVILLE, FL 32796

Title: VP  
Name: ALLENDER, JERRY  
Address: 719 GARDEN ST  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: ANDREWS, STANLEY  
Address: 2690 S. HOPKINS AVE, STE. 3  
City-St-Zip: TITUSVILLE, FL 32780

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

Title: T  
Name: HADDAD, SAMUEL  
Address: 4561 HELENA DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: S  
Name: JOHNSON, EARL  
Address: 2790 LIBERTY AVE  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: RONALD KOETTER

P

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date