

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740892

FILED
Jan 04, 2012
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: C
Name: ALLENDER, JERRY
Address: 719 GARDEN ST
City-St-Zip: TITUSVILLE, FL 32796

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

Title: ST
Name: MCALPINE, CHRISTOPHER
Address: 951 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

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

Title: D
Name: DIGGS, J. ALBERT
Address: 5120 KIRWOOD TRAILS
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: BRUCE WOLTERS

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01/04/2012

Electronic Signature of Signing Officer or Director

Date