

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90067 010 ****61.25

DOCUMENT # 740892

1. Entity Name
HOSPICE OF ST. FRANCIS, INC.



Principal Place of Business
**2395 S. WASHINGTON AVE
SUITE 3 & 4
TITUSVILLE FL 32780
US**

Mailing Address
**P.O. BOX 5563
TITUSVILLE FL 32783-5563
US**

00010001



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1795440** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WOLTERS, BRUCE D
2395 S. WASHINGTON AVE
SUITE 3 & 4
TITUSVILLE FL 32780**

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 *Bruce D. Wolters* DATE **01.13.02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, HARRY A.	
STREET ADDRESS	11A MAX BREWER PKWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, EARL	
STREET ADDRESS	2790 LIBERTY AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, PHILLIP	
STREET ADDRESS	3058 FOLSOM RD.	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, MARGARET	
STREET ADDRESS	990 PALERMO DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVATT, JIMMIE	
STREET ADDRESS	2300 HOLDER RD	
CITY-ST-ZIP	MIMS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOENING, CAROL	
STREET ADDRESS	4475 CURTIS BLVD	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Jones	
STREET ADDRESS	4165 Heller Rd	
CITY-ST-ZIP	Titusville, FL 32786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **CAROL MOENING** DATE: **1/16/03** PHONE: **321-383-3550**

CR2E037 (10/02)