

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759883 (2)**  
1. Corporation Name  
**HOSPICE OF THE TREASURE COAST, INCORPORATED**



Principal Place of Business: **600 ATLANTIC AVE FORT PIERCE FL 34950 US**  
Mailing Address: **P. O. BOX 1748 FORT PIERCE FL 34954 US**

3. Date incorporated or Qualified: **09/02/1981**  
3a. Date of Last Report: **04/21/1995**

|    |                                |    |                     |    |  |   |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | <b>59-2199023</b>  | Not Applicable  |
| 22 | City & State                   | 27 | City & State        | 5. | Certificate of Status Desired  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|    | Zip                            | 28 | Zip                 |    | Trust Fund Contribution  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |
| 23 | Country                        | 29 | Country             | 6. | Election Campaign Financing  |   |
|    |                                | 30 |                     |    | Trust Fund Contribution  | <input type="checkbox"/>  |
| 24 |                                |    |                     | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PENDLETON, CAROL  
2311 S INDIAN RIVER DRIVE  
FORT PIERCE FL 34950**

81 Name: **RIVERS, SHARON A.**  
82 Street Address (P.O. Box Number is Not Acceptable): **913 SE 8TH AVENUE**  
83  
84 City: **OKEECHOBEE FL** 85 Zip Code: **34974**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

**SHARON RIVERS, PRESIDENT/CEO**

*Sharon A. Rivers*

**1-17-96**

NOTE: Registered Agent signature required when reinstating

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>DCOE</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>PRESIDENT/CEO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>PENDLETON, CAROL W</b>                              | 1.2 NAME  | <b>RIVERS, SHARON A.</b>   |
| STREET ADDRESS             | <b>2311 S INDIAN RIVER DRIVE</b>                       | 1.3 STREET ADDRESS                                    | <b>913 SE 8TH AVENUE</b>   |
| CITY-ST-ZIP                | <b>FT PIERCE FL</b>                                    | 1.4 CITY-ST-ZIP                                       | <b>OKCHOBEE, FL 34974</b>  |
| TITLE                      | <b>TC</b> <input type="checkbox"/> DELETE              | 2.1 TITLE   | <b>D/C</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | <b>HENDRICKSON, KEVIN</b>                              | 2.2 NAME  | <b>HAISLEY, RICHARD F.</b>   |
| STREET ADDRESS             | <b>210 ORANGE AVENUE</b>                               | 2.3 STREET ADDRESS                                    | <b>3015 OKEECHOBEE ROAD</b>  |
| CITY-ST-ZIP                | <b>FT. PIERCE FL</b>                                   | 2.4 CITY-ST-ZIP                                       | <b>FORT PIERCE, FL 34947</b>   |
| TITLE                      | <b>TCVC</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>T/VC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>ROBERTS, J. H JR</b>                                | 3.2 NAME  | <b>ROBERTS, J.H. JR.</b>   |
| STREET ADDRESS             | <b>10570 S FEDERAL HWY</b>                             | 3.3 STREET ADDRESS                                    | <b>10570 S. FEDERAL HWY.</b>   |
| CITY-ST-ZIP                | <b>PORT ST LUCIE FL</b>                                | 3.4 CITY-ST-ZIP                                       | <b>PORT ST. LUCIE, FL 34952</b>  |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE              | 4.1 TITLE   | <b>D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>KUHN, ELIZABETH A</b>                               | 4.2 NAME  | <b>KUHN, ELIZABETH A.</b>  |
| STREET ADDRESS             | <b>102 NE JETTIE TERRACE</b>                           | 4.3 STREET ADDRESS                                    | <b>102 NE JETTIE TERRACE</b>   |
| CITY-ST-ZIP                | <b>PORT ST. LUCIE FL</b>                               | 4.4 CITY-ST-ZIP                                       | <b>PORT ST. LUCIE, FL 34982</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Sharon Rivers*  
**SHARON RIVERS, PRESIDENT/CEO**

**1-17-96**

Date

**407-465-0504**

Daytime Phone #

CR2E037 (12/95)