# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2005**
**Secretary of State**

DOCUMENT# 759883

**Entity Name:** HOSPICE OF THE TREASURE COAST, INCORPORATED

**Current Principal Place of Business:**

805 VIRGINIA AVE
STE 1
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

2500 VIRGINIA AVE
STE 202
FORT PIERCE, FL 34981 US

**Current Mailing Address:**

805 VIRGINIA AVE
STE 1
FORT PIERCE, FL 34982 US

**New Mailing Address:**

1201 SE INDIAN ST
STUART, FL 34997 US

**FEI Number: 59-2199023** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOX, M. LANNING
1100 S. FEDERAL HWY
STUART, FL 34995 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: PCEO ( ) Delete
Name: LASETER, JAMES H
Address: 805 VIRGINIA AVE, SUITE 1
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DC ( ) Delete
Name: ROWLEY, JANE E
Address: 5339 LAMOORE LANE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VC ( ) Delete
Name: HAISLEY, RICHARD F
Address: 3015 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: S ( ) Delete
Name: ANDERSON, DZIDRA
Address: 632 N W VENETTO COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T (X) Delete
Name: CLEMENS, ROBERT R
Address: 476 THAMES BLUFF RIDGE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Delete
Name: NORMAN, D. KENT
Address: 1201 SOUTH EAST INDIAN STREET
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BENSON, LOUIS
Address: 1201 SE INDIAN ST
City-St-Zip: STUART, FL 34997 US

Title: D (X) Change ( ) Addition
Name: LARSEN, JEAN
Address: 1339 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D (X) Change ( ) Addition
Name: HAISLEY, RICHARD
Address: 3015 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: D (X) Change ( ) Addition
Name: CLEMENS, ROBERT
Address: 476 THAMES BLUFF RIDGE
City-St-Zip: FORT PIERCE, FL 34982

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS BENSON P 03/09/2005
Electronic Signature of Signing Officer or Director — Date