

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 021 ****61.25

DOCUMENT # 762720 1. Entity Name AVOW HOSPICE, INC.					
Principal Place of Business 1095 WHIPPOORWILL LN. NAPLES, FL 34105 US			Mailing Address 1095 WHIPPOORWILL LN. NAPLES, FL 34105 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2201250	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROLLINS, KAREN A 1095 WHIPPOORWILL LN. NAPLES, FL 34105				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	C YOUNKERS, MILLARD J JR. 318 BURNING TREE DRIVE NAPLES, FL 34105	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Mary Baron 4000 Royal Marco Way # 808 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLEMONG, DOUGLAS L 1080 GOODLETTE RD. NO. NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, ROBERT W 157 11TH AVE S NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLLMAN, EDWARD E 5129 CASTELLO DR., STE. 1 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ROLLINS, KAREN 1095 WHIPPOORWILL LN. NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEACH, JOHN 32150 DAHLIA WAY NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Karen Rollins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-19-08 4303479 Date Daytime Phone #		

40038830



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