2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 762720

Entity Name: AVOW HOSPICE, INC.

Current Principal Place of Business:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2201250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLLINS, KAREN A
1095 WHIPPOORWILL LN.
NAPLES, FL 34105 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:	S	( ) Delete
Name:	BARON, MARY	
Address:	4000 ROYAL MARCO WAY #828	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	T	( ) Delete
Name:	ALLEMONG, DOUGLAS L	
Address:	1080 GOODLETTE RD. NO.	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	MORRIS, ROBERT W	
Address:	157 11TH AVE S	
City-St-Zip:	NAPLES, FL 34102	
Title:	C	( ) Delete
Name:	WOLLMAN, EDWARD D	
Address:	5129 CASTELLO DR., STE. 1	
City-St-Zip:	NAPLES, FL 34103	
Title:	PCEO	( ) Delete
Name:	ROLLINS, KAREN	
Address:	1095 WHIPPOORWILL LN.	
City-St-Zip:	NAPLES, FL 34105	
Title:	D	( ) Delete
Name:	LEACH, JOHN	
Address:	32150 DAHLIA WAY	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	WALTERS, GEORGE M JR	
Address:	140 APRIL SOUND DRIVE	
City-St-Zip:	NAPLES, FL 34119	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 exemption stated 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 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: KAREN ROLLINS PCEO 01/06/2009

Electronic Signature of Signing Officer or Director — Date