

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # N01467 (2)
1. Corporation Name
HOSPICE OF LAKE AND SUMTER, INC.

Principal Place of Business Mailing Address
12300 LANE PARK RD TAVARES FL 32778-9660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1984	3a. Date of Last Report 05/20/1994
4. FEI Number 59-2330114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SENNETT, TIMOTHY
8907 US 441,
SUITE 1
LEESBURG FL 34749**

10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0507, Florida Statutes.

SIGNATURE _____ DATE **3/20/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SENNETT, TIMOTHY 8907 US 441 STE. 1 LEESBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUNDY, R.E. 504 LEMON STREET EUSTIS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALIDAY JR., ALFRED G. 400 WEBSTER ST. LEESBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOGLE, ALBERT P.O. BOX 120518 N/A CLERMONT FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATROWICZ, CONNIE 1700 COUNTRY CLUB ROAD EUSTIS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, FRED P.O. BOX 491357 N/A LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD SENNETT, TIMOTHY PO BOX 490206 NA LEESBURG, FL 34749-1308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	SD MORRISON, FRED PO BOX 491357 NA LEESBURG, FL 34749-1357 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VD HALIDAY JR., ALFRED C. 400 WEBSTER ST LEESBURG, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	TD HINDMAN, SCOTT 700 BOYLESTON ST LEESBURG, FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D PATROWICZ, CONNIE 1700 COUNTRY CLUB ROAD EUSTIS, FL 32726 <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	D LUNDY, R.E. 504 LEMON STREET EUSTIS, FL 32726 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in my attachment with an address.

SIGNATURE: _____ DATE **3/20/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO 14/67

HOSPICE OF LAKE & SUMTER, INC.
BOARD OF DIRECTORS

GEORGE BATES
37430 Oak Lane
Umatilla, FL 32784 (h) 357-5461

ALICE JOHNSON
P O Box 490206 N/A
Leesburg, FL 34749 (h) 787-6002

HELEN DeSCIPIO
37405 Oak Lane
Umatilla, FL 32784 (h) 357-4873

ROGER BEYERS
1123 West Main Street
Leesburg, FL 34748 (w) 787-4343
FAX 787-4674

STACY BERCKES, M.D.
111 Waterman Avenue
Mount Dora, FL 32757 FAX 735-3711
(w) 357-3313
(h) 669-8273

ANDREA BURR
408 N. Tremain
Mount Dora, FL 32757 Fax 383-8559
(w) 383-8505

ALBERT FOGLE
P O Box 120516 N/A
Clermont, FL 34712-0516 (h) 394-0292
(w) 394-6146

ELAINE REJIMBAL
Vo-Tech
2001 Kurt Street (w) 742-6486 #134
Eustis, FL 32726 (h) 383-5779

WILLIAM BINNEVELD
Vice President Senior Trust
PO Box 490047 N/A
Leesburg, FL 34749-0047 FAX 326-4731
(w) 787-5100

WAYNE BAILEY (Foundation President) (w) 483-5912
Dean Witter Reynolds
15930 N. Hwy. 441
Eustis, FL 32726

JOE HOLMES (Foundation Vice President)
Sunbank
200 E. Fifth Ave.
Mount Dora, FL 32757 (w) 326-4601