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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified **02/15/1984** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2330114** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCDANIEL, MARY
226 W. ALFRED ST
TAVARES FL 32778**

10. Name and Address of New Registered Agent
81 Name *Same as Current*
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HINDMAN, SCOTT	1.1 TITLE	(PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 BOYLESTON STREET	1.2 NAME	Roger Beyers
STREET ADDRESS	LEESBURG FL 32748	1.3 STREET ADDRESS	1123 West Main St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	SD MORRISON, FRED	2.1 TITLE	(S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P O BOX 491357 N/A	2.2 NAME	Ann Dupee
STREET ADDRESS	LEESBURG FL	2.3 STREET ADDRESS	389 Division Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE	VD HALIDAY JR., ALFRED G.	3.1 TITLE	(T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 WEBSTER ST.	3.2 NAME	Scott Hindman
STREET ADDRESS	LEESBURG FL	3.3 STREET ADDRESS	700 Boyleston Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VD DE SCIPIO, HELEN	4.1 TITLE	(VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	37405 OAKE LANE	4.2 NAME	Bill Binneveld
STREET ADDRESS	UMATILLA FL 34749	4.3 STREET ADDRESS	P. O. Box 490047 1211 N. Blvd West
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Leesburg, FL 34749-0047 34748
TITLE	D PATROWICZ, CONNIE	5.1 TITLE	(Pres. Elect) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 COUNTRY CLUB ROAD	5.2 NAME	Fred Morrison
STREET ADDRESS	EUSTIS FL	5.3 STREET ADDRESS	P. O. Box 491357 1000 W. Main Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Leesburg, FL 34749-1357 34748
TITLE	D LUNDY, R. E	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	504 LEMON STREET	6.2 NAME	Directors Roster appended to this form.
STREET ADDRESS	EUSTIS FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Roger Beyers** *Roger A. Beyers* 2/28/97 352-343-1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014884

CR2E037 (9/96)

1997 - HOSPICE OF LAKE & SUMTER, INC. BOARD OF DIRECTORS

OPERATIONS

1. ROGER BEYERS (PRESIDENT)
2. FRED MORRISON (PRESIDENT ELECT)
3. WILLIAM BINNEVELD (VICE PRESIDENT)
4. ANN DUPEE (SECRETARY)
5. SCOTT HINDMAN (TREASURER)
6. TOM NEWMAN
7. ALTON ROANE
8. BEVERLY ROBINSON
9. ANDREA BURR
10. TIM SCOBIE
11. JOE HOLMES
12. WILLIAM TALLEY
13. STACY BERCKES
14. JIMMY THIGPEN
15. BUD BEUCHER
16. LOU ARASI

2/6/1997