

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

2nd Notice Reply

001204

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 JUL 23 PM 2:34

DOCUMENT # N01467

1. Corporation Name  
 HOSPICE OF LAKE AND SUMTER, INC.

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

Mailing Address  
 12300 LANE PARK RD  
 TAVARES FL 32778-9660



02-23-99 90047 016 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/15/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2330114
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
25	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
MCDANIEL, MARY 226 W. ALFRED ST TAVARES FL 32778		\$5.00 May Be Added to Fees

81 Name	10. Name and Address of New Registered Agent
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, FRED	1.2 NAME	Bill Talley, Jr.
STREET ADDRESS	100 W. MAIN STREET	1.3 STREET ADDRESS	900 N. 14th Street
CITY-ST-ZIP	LEESBURG FL 34749	1.4 CITY-ST-ZIP	Leesburg, FL 34749
TITLE	D	2.1 TITLE	D PRESIDENT ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPEE, ANN	2.2 NAME	Ann Dupee
STREET ADDRESS	389 DIVISION STREET	2.3 STREET ADDRESS	389 Division Street
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TD	3.1 TITLE	D VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDMAN, SCOTT	3.2 NAME	Tom Newman
STREET ADDRESS	700 BOYLESTON STREET	3.3 STREET ADDRESS	1022 W. N. Blvd
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748-3030
TITLE	VP	4.1 TITLE	D TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROANE, ALTON	4.2 NAME	Scott Hindman
STREET ADDRESS	12318 TAVARES RIDGE COURT	4.3 STREET ADDRESS	700 Boyleston Street
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PEO	5.1 TITLE	D DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLEY, BILL JR	5.2 NAME	William Binneyeld
STREET ADDRESS	900 N. 14TH STREET	5.3 STREET ADDRESS	2122 Park Holland Road
CITY-ST-ZIP	LEESBURG FL 34749	5.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D	6.1 TITLE	D SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, TOM	6.2 NAME	Tim Scobie
STREET ADDRESS	214 N. 5TH STREET	6.3 STREET ADDRESS	1 Orange Ave
CITY-ST-ZIP	LEESBURG FL 34749	6.4 CITY-ST-ZIP	Leesburg, FL 32726

14. I 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, with all other like empowered.

SIGNATURE: Scott Hindman (Scott Hindman) July 1, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)