

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

FILED
Feb 07, 2006
Secretary of State

Entity Name: HOSPICE OF LAKE AND SUMTER, INC.

Current Principal Place of Business:

12300 LANE PARK RD
TAVARES, FL 327789660 US

New Principal Place of Business:

Current Mailing Address:

12300 LANE PARK RD
TAVARES, FL 327789660 US

New Mailing Address:

FEI Number: 59-2330114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHOTSKY, PATRICIA
12300 LANE PARK ROAD
TAVARES, FL 32778 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: TD () Delete
Name: WINDSOR, SCOTT M
Address: 1300 W. CITIZENS BLVD.
City-St-Zip: LEESBURG, FL 34748 US

Title: SD () Delete
Name: RICCI, SUSAN
Address: 9501 US HIGHWAY 441
City-St-Zip: LEESBURG, FL 34788 US

Title: PD () Delete
Name: LESLIE, LONGACRE
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: GROSS, PAUL A
Address: 1730 PENINSULA DRIVE
City-St-Zip: TAVARES, FL 32778 U2

Title: D () Delete
Name: PIERSON, TIM
Address: P.O. BOX 490558
City-St-Zip: LEESBURG, FL 34749 US

Title: VD () Delete
Name: STONE, LEWIS W
Address: 4850 NORTH HWY 19A
City-St-Zip: MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELISCU, ANDREA T
Address: PO BOX 547478
City-St-Zip: ORLANDO, FL 328547478 US

Title: D (X) Change () Addition
Name: HEYWARD, ALEXANDRA P
Address: 6185 LAKE LIZZIE DRIVE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VD (X) Change () Addition
Name: NELSON, GREGORY L
Address: 2701 SOUTH BAY STREET
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE LONGACRE

PD

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date