


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90091 041 ****61.25

DOCUMENT # N01467					
1. Entity Name HOSPICE OF LAKE AND SUMTER, INC.					
Principal Place of Business 12300 LANE PARK RD TAVARES, FL 32778-9660 US			Mailing Address 12300 LANE PARK RD TAVARES, FL 32778-9660 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2330114	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEHOTSKY, PATRICIA 12300 LANE PARK ROAD TAVARES, FL 32778			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINDSOR, SCOTT M		NAME		
STREET ADDRESS	1300 W. CITIZENS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICCI, SUSAN		NAME		
STREET ADDRESS	9501 US HIGHWAY 441		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESLIE, LONGACRE		NAME	LESLIE LONGACRE	
STREET ADDRESS	1099 CITRUS TOWER BLVD		STREET ADDRESS	1099 CITRUS TOWER BLVD	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELISCU, ANDREA T		NAME		
STREET ADDRESS	PO BOX 547478		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328547478		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEYWARD, ALEXANDRA P		NAME	GREGORY NELSON	
STREET ADDRESS	6185 LAKE LIZZIE DRIVE		STREET ADDRESS	2701 S. BAY STREET	
CITY-ST-ZIP	ST. CLOUD, FL 34771		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, GREGORY L		NAME	BOB MCLEE	
STREET ADDRESS	2701 SOUTH BAY STREET		STREET ADDRESS	7205 NORTH SHORE DR	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	LEESBURG, FL 34788	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia Lehotsky</i>			3/15/07		352-742-6816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

60025034
#N01467

Other Changes

Delete:

D

Heyward, Alexandra P
6185 Lake Lizzie Drive
St. Cloud, FL 34771

D

Judge, Jim
2761 W. Old Hwy. 441
Mount Dora, FL 32757

Additions:

D

Ellis, Seth
34041 Parkview Avenue
Eustis, FL 32726

D

Farmer, William O.
225 E. McCollum Avenue
Bushnell, FL 33513

D

Moore, John A.
1099 Citrus Tower Blvd.
Clermont, FL 34711

D

Morley, Michelle T.
209 N. Florida Street
Bushnell, FL 33513

D

Robison, Sandy B.
1704 Paradise Drive
Kissimmee, FL 34731