## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

FILED Jaņ 13, 2<u>00</u>9 Secretary of State

Entity Name: HOSPICE OF LAKE AND SUMTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2445 LANE PARK ROAD TAVARES, FL 327789660 US

**Current Mailing Address: New Mailing Address:** 

2445 LANE PARK ROAD TAVARES, FL 327789660 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEHOTSKY, PATRICIA 2445 LANE PARK ROAD TAVARES, FL 32778

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WINDSOR, SCOTT M GRAFF, MARK J Name: Name: 1300 W. CITIZENS BLVD. Address: 1944 BRANTLEY CIRCLE Address:

City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: CLERMONE, FL 34711 US

Title: SD Title: (X) Change ( ) Addition () Delete RICCI, SUSAN Name: HOCKING, DALE E Name:

Address: 103 PEPPERTREE COURT Address: 600 E. DIXIE AVENUE City-St-Zip: YALAHA, FL 34797 US City-St-Zip: LEESBURG, FL 34748 US

Title: Title: (X) Change ( ) Addition ( ) Delete

DUDLEY, GAIL O'TOOLE, MARLENE Name: Name: 1749 DAVID WALKER DRIVE 916 AVENIDA CENTRAL Address: Address: City-St-Zip: TAVARES, FL 32778 US City-St-Zip: THE VILLAGES, FL 32159 US

Title: ( ) Delete Title: VD (X) Change ( ) Addition

CLEMENT, ED Name: GLENN, JONES G Name: Address: P.O. BOX 93158 Address: 308 EAST FIFTH AVENUE

City-St-Zip: LAKELAND, FL 338043158 US City-St-Zip: MOUNT DORA, FL 32757 US

Title: () Delete Title: (X) Change ( ) Addition NELSON, GREGORY NELSON, GREGORY Name: Name:

2701 S. BAY STREET 2701 S. BAY STREET Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: EUSTIS, FL 32726 US

Title: () Delete Title: (X) Change ( ) Addition

STONE. LEWIS W STONE. LEWIS W Name: Name:

Address: 4850 NORTH HIGHWAY 19A Address: 4850 NORTH HIGHWAY 19A MOUNT DORA, FL 32757 US MOUNT DORA, FL 32757 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS STONE PD 01/13/2009