

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15463 (5)**
1. Corporation Name
HOSPICE OF OKEECHOBEE, INCORPORATED



Principal Place of Business: 411 SE 4TH ST. P. O. BOX 1548-34973 OKEECHOBEE FL 34974
Mailing Address: 411 SE 4TH ST. P. O. BOX 1548-34973 OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: 06/14/1986
3a. Date of Last Report: 07/25/1995

| | | | |
|---|-------------------------|--|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 59-2831397 | Applied For: Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent:
BUXTON, PAUL M.
110 NE 5TH ST.
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent:
81 Name
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 | NAME: HOOVER, ROBERT | 1.1 TITLE: D | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 421 NW 3RD ST. | CITY-ST-ZIP: OKEECHOBEE FL 34972 | 1.2 NAME: Hoover, Robert | 1.3 STREET ADDRESS: 421 NW 3rd Street |
| TITLE: TD | NAME: SYFRETT, FRAN | 2.1 TITLE: D | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 16505 NW 20TH ST. | CITY-ST-ZIP: OKEECHOBEE FL 34972 | 2.2 NAME: Donna Watson | 2.3 STREET ADDRESS: 2896 NW 36th Ave |
| TITLE: SD | NAME: BULGER, DOROTHY | 3.1 TITLE: SD | Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS: 503 SE 8TH DRIVE | CITY-ST-ZIP: OKEECHOBEE FL 34974 | 3.2 NAME: Culbreth, Marie | 3.3 STREET ADDRESS: P.O. Box 848 |
| TITLE: VD | NAME: CONNER, BURTON | 4.1 TITLE: PD | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 301 NW 5TH PLACE | CITY-ST-ZIP: OKEECHOBEE FL 34972 | 4.2 NAME: Connor, Burton | 4.3 STREET ADDRESS: 301 NW 5th Place |
| TITLE: D | NAME: BUTLER, MILDRED | 5.1 TITLE: VD | Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS: 477 SW 24 AVE. | CITY-ST-ZIP: OKEECHOBEE FL | 5.2 NAME: Ramesh, Kumar | 5.3 STREET ADDRESS: 301 NE 195h Drive |
| TITLE: D | NAME: DAWN, NANCY | 6.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 1910 SW 9TH AVE. | CITY-ST-ZIP: OKEECHOBEE FL 34974 | 6.2 NAME: | 6.3 STREET ADDRESS: 300001765273 M.M |
| | | 6.4 CITY-ST-ZIP: | -04/01/96--01113--005 |
| | | | ***61.25 4-1-96 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donna Watson* 3-14-96 (941) 467-230
Date: 3-14-96 Day/Even Phone #: (941) 467-230

CRE037 (12/95)