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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/14/1986	
4. FEI Number 59-2831397	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 Paul M. Buxton 1-22-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE
NAME	DX D CULBRETH, MARIE
STREET ADDRESS	PO BOX 848 3550 US 441 S
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD SYFRETT, FRAN
STREET ADDRESS	16505 NW 20TH ST.
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE
NAME	DX P BULGER, DOROTHY
STREET ADDRESS	503 SE 8TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE
NAME	DX D CONNER, BURTON
STREET ADDRESS	301 NW 5TH PLACE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE
NAME	DX D RAMESH KUMAR, RAMESH
STREET ADDRESS	301 NE 195TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DAWN, NANCY
STREET ADDRESS	1910 SW 9TH AVE.
CITY-ST-ZIP	OKEECHOBEE FL 34974

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VD BUXTON, PAUL M.
1.3 STREET ADDRESS	110 NE 5TH ST
1.4 CITY-ST-ZIP	OKEECHOBEE FL 34972
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S Paulson, Randy
2.3 STREET ADDRESS	2386 SE 27th ST
2.4 CITY-ST-ZIP	Okeechobee, FL 34974
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Akhtar, Vaseem
3.3 STREET ADDRESS	309 NW 5th Street
3.4 CITY-ST-ZIP	Okeechobee, FL 34972
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *[Signature]* 1-22-98 941-467-221

CF2E037 (10/97)