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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15463

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2831397 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 *Paul M. Buxton* Paul M. Buxton 2-17-99
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	D	<input type="checkbox"/> DELETE
NAME	CULBRETH, MARIE	
STREET ADDRESS	PO BOX 848 3550 US 441 S	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SYFRETT, FRAN	
STREET ADDRESS	16505 NW 20TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	F	<input type="checkbox"/> DELETE
NAME	BULGER, DOROTHY	
STREET ADDRESS	503 SE 8TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNER, BURTON	
STREET ADDRESS	301 NW 5TH PLACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUMAR, RAMESH	
STREET ADDRESS	301 NE 195TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul M. BUXTON	
1.3 STREET ADDRESS	110 NE 5TH Street	
1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RANDY PAULSON	
2.3 STREET ADDRESS	2386 SE 27th Street	
2.4 CITY-ST-ZIP	Okeechobee, FL 34974	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANIELLE KISTLER	
3.3 STREET ADDRESS	1637 SW 67TH Drive	
3.4 CITY-ST-ZIP	Okeechobee, FL 34974	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUDDY CLINE	
4.3 STREET ADDRESS	6961 SE 8TH Street	
4.4 CITY-ST-ZIP	Okeechobee, FL 34974	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SARAH GRIFFIS	
5.3 STREET ADDRESS	3355 SE 44TH Avenue	
5.4 CITY-ST-ZIP	Okeechobee, FL 34974	
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, with all other like empowered.

SIGNATURE *Richard D Green* SIGNATURE REQUIRED Richard D Green, Exec. Dir. 2-17-99 941 - 467-2321
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)