

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0000730

DOCUMENT # N15463

1. Entity Name

HOSPICE OF OKEECHOBEE, INCORPORATED

04-10-2002 90448 046 ****61.25

Principal Place of Business

Mailing Address

411 SE 4TH ST.
 P. O. BOX 1548-34973
 OKEECHOBEE FL 34974

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 P. O. BOX 1548-34973
 OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2831397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PAULSON, RANDY~~
 2386 SE 27TH AVENUE
 OKEECHOBEE FL 34974

Dorothy Bulger
 503 SE 8TH Drive

Name *Dorothy Bulger*
 Street Address (P.O. Box Number is Not Acceptable)

503 SE 8TH Drive

City *Okeechobee* FL Zip Code *34974*

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.

SIGNATURE

Dorothy Bulger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VD**
 STREET ADDRESS **CULBRETH, MARIE**
 CITY-ST-ZIP **PO BOX 848 3550 US 441 S OKEECHOBEE FL**

TITLE Change Addition
 NAME **D Paul Bixton**
 STREET ADDRESS **502 N. Parrott Ave**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE Delete
 NAME **TD**
 STREET ADDRESS **SYFRETT, FRAN**
 CITY-ST-ZIP **16505 NW 20TH ST. OKEECHOBEE FL 34972**

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS **Vivian Pearce**
 CITY-ST-ZIP **95 Lisa Lane Okeechobee FL 34974**

TITLE Delete
 NAME **SK PD**
 STREET ADDRESS **BULGER, DOROTHY**
 CITY-ST-ZIP **503 SE 8TH DRIVE OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Grace Larson**
 CITY-ST-ZIP **1000 Hwy 98 North Okeechobee, FL 34972**

TITLE Delete
 NAME **PE D**
 STREET ADDRESS **PAULSON, RANDY**
 CITY-ST-ZIP **2386 SE 27TH AVENUE OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Doanville King**
 CITY-ST-ZIP **5164 SE 42 trace Okeechobee FL 34974**

TITLE Delete
 NAME **D**
 STREET ADDRESS **PYE, ROSEMARY**
 CITY-ST-ZIP **1753 SW 35 CIRCLE OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Valerie White**
 CITY-ST-ZIP **480 NE 13 Ave Okeechobee FL 34972**

TITLE Delete
 NAME **D**
 STREET ADDRESS **DAWN, NANCY**
 CITY-ST-ZIP **1910 SW 9TH AVE. OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **ADD**
 STREET ADDRESS **Richard S. Green**
 CITY-ST-ZIP **110 Chobee Loop Okeechobee, FL 34974**

12. 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 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: *Richard S. Green*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *3-28-02* Daytime Phone # *863-467-2321*

CR2E037 (9/01)

Attachment
@HNI15463
B0004304

Hospice of Okeechobee, Inc.
Board of Directors

Name of Director	Office Held	Phone	Fax	DOB
Randy Paulson 2386 SE 27th Avenue Okeechobee, FL 34974	Director	863-763-6004 863-462-5077 W	863-462-5082	30-Jan
Marie Culbreth P. O. Box 848 Okeechobee, FL 34973	President Elect	863-763-3154 W 863-763-3647 H	863-763-1744	6-Jul
Dorothy Bulger 503 SE 8th Drive Okeechobee, FL 34974	President	863-763-3356 863-763-5557 W	863-763-9283	22-Aug
Fran Syfrett 16505 NW 220th St.- PO Box 1287 Okeechobee, FL 34972	Treasurer	863-763-5586 W	863-763-6169	19-Jan
Paul Buxton 502 N. Parrott Ave. Okeechobee, FL 34972	Director	863-763-1531 863-763-1994 W	863-763-8134	
Doanyelle King 5164 SE 42nd Trace Okeechobee, FL 34974	Director	863-357-7310 863-467-0332 W	863-467-5367	
Grace Larson 10000 Hwy. 98 North Okeechobee, FL 34972	Director	863-763-7947	863-763-7856	11-Jan
Vivian Pearce 95 Lisa Lane, BHR Okeechobee, FL 34974	Secretary	863-763-6783 H 863-763-2826 Marina 863-763-4716 W	863-467-5555	27-Nov
Valerie White 480 NE 13th Avenue Okeechobee, FL 34972-3167	Director	863-763-7239 863-462-5077		10-Jun