

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90003 024 \*\*\*\*61.25

**DOCUMENT # N15463**

1. Entity 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

03004111



MOORE CR2E037 (11/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULBRETH, MARIE  
 3550 441 S  
 OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: VD NAME: CULBRETH, MARIE STREET ADDRESS: PO BOX 848 3550 US 441 S CITY-ST-ZIP: OKEECHOBEE FL <input type="checkbox"/> Delete	TITLE: PD NAME: marie Culbreth STREET ADDRESS: (see attached) CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SYFRETT, FRAN STREET ADDRESS: 16505 NW 20TH ST. CITY-ST-ZIP: OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BULGER, DOROTHY STREET ADDRESS: 503 SE 8TH DRIVE CITY-ST-ZIP: OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: PAULSON, RANDY STREET ADDRESS: 2386 SE 27TH AVENUE CITY-ST-ZIP: OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE: D NAME: Randy Paulson STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LARSON, GRACE STREET ADDRESS: 1000 HWY 98 NORTH CITY-ST-ZIP: OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: M NAME: BLACKMAN, LISA STREET ADDRESS: 4230 ROBERT LOOP RD CITY-ST-ZIP: STUART FL 34997 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Lisa Blackman 4/22/04 (863) 467-2321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attest*  
Hospice of Okeechobee, Inc.  
Board of Directors

2004 # N15463

54064777

Name of Director	Office Held
<b>Marie Culbreth</b> P. O. Box 848 Okeechobee, FL 34973	<b>P</b>
<b>Valerie White</b> 480 NE 13th Avenue Okeechobee, FL 34972-3167	<b>V</b>
<b>Dorothy Bulger</b> 503 SE 8th Drive Okeechobee, FL 34974	<b>S</b>
<b>Fran Syfrett</b> 16505 NW 220th St.(PO BOX 1287) Okeechobee, FL 34972	<b>T</b>
<b>Grace Larson</b> 10000 Hwy. 98 North Okeechobee, FL 34972	<b>V</b>
<b>Paul Buxton</b> 110 NE 5th Street Okeechobee, FL 34974	<b>D</b>
<b>Vivian Pearce</b> 95 Lisa Lane, BHR Okeechobee, FL 34974	<b>D</b>
<b>Randy Paulson</b> 2386 SE 27th Avenue Okeechobee, FL 34974	<b>D</b>
<b>Stella Cross</b> 1960 SE 9th Avenue Okeechobee, FL 34974	<b>D</b>
<b>Christan Varnadore</b> 2065 SW 22nd Circle North Okeechobee, FL 34972	<b>D</b>