



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90309 019 ****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		<p style="text-align: center; font-size: 24px; font-weight: bold;">20039034</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2831397	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Marie Culbreth</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/4/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBRETH, MARIE		NAME	Marie Culbreth	
STREET ADDRESS	PO BOX 848 3550 US 441 S		STREET ADDRESS	PO Box 848 3550 US 441 S	
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYFRETT, FRAN		NAME	Paul Buxton	
STREET ADDRESS	16505 NW 20TH ST.		STREET ADDRESS	110 NE 5th St	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULGER, DOROTHY		NAME	Valerie, White	
STREET ADDRESS	503 SE 8TH DRIVE		STREET ADDRESS	480 NE 13th Ave	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee, FL 34972-3167	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULSON, RANDY		NAME	Stella Cross	
STREET ADDRESS	2386 SE 27TH AVENUE		STREET ADDRESS	1960 SE 9th Ave	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, GRACE		NAME	Larson, Grace	
STREET ADDRESS	1000 HWY 98 NORTH		STREET ADDRESS	1000 Hwy 98 North	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	M	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMAN, LISA		NAME	Christan Varnadore	
STREET ADDRESS	4230 ROBERT LOOP RD		STREET ADDRESS	2065 SW 22nd Circle North	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Okeechobee, FL 34972	
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: <u>Lisa Blackman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/4/05</u> (863) 967-2321		

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ANNUAL REPORT**

ATTACHMENT

20039034

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City & State		City & State	
Zip	Country	Zip	Country
03312005		Chg-NP CR2E037 (10/03)	
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5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

Additions to Officers & Directors
Continued (2nd Page)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sandra Pearce Mc Auley		
STREET ADDRESS	11 22 SW 15th St		
CITY-ST-ZIP	Okeechobee, FL 34974		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			