


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90366 026 \*\*\*\*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

**60023841**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-2831397

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CULBRETH, MARIE**  
 3550 441 S  
 OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CULBRETH, MARIE	
STREET ADDRESS	P O BOX 848 3550 US 4415	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SYFRETT, FRAN	
STREET ADDRESS	16505 NW 20TH ST.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BULGER, DOROTHY	
STREET ADDRESS	503 SE 8TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULSON, RANDY	
STREET ADDRESS	2386 SE 27TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LARSON, GRACE	
STREET ADDRESS	1000 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	M	<input type="checkbox"/> Delete
NAME	BLACKMAN, LISA	
STREET ADDRESS	4230 ROBERT LOOP RD	
CITY-ST-ZIP	STUART, FL 34997	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached List	
STREET ADDRESS	OF Board of Directors	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Lisa Blackman 3/21/06 (863) 467-2321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # <sup>60023841</sup> ~~N15463~~  
 Hospice of Okeechobee, Inc.  
 Board of Directors  
 2006

Name of Director	Office Held	Phone	Fax
<b>Paul Buxton</b> 110 NE 5th Street Okeechobee, FL 34974	President	763-1994 W 763-1531 H 634-3707 C	763-8134
<b>Grace Larson</b> 10000 Hwy. 98 North Okeechobee, FL 34972	First Vice President	763-7947 H 634-7503 C	763-7856
<b>Frank Irby</b> 1385 SE 23rd St. Okeechobee, FL	Second Vice President	357-1639 H 610-0592 C	No fax, can mail him info or email info to him instead <a href="mailto:frankirby@earthlink.net">frankirby@earthlink.net</a>
<b>Fran Syfrett</b> 16505 NW 220th St.(PO BOX 1287) Okeechobee, FL 34972	Treasurer	763-5586 W 763-0469 H	763-6169
<b>Randy Paulson</b> 2386 SE 27th Avenue Okeechobee, FL 34974	Secretary	462-5077 W 763-6004 H	462-5082
<b>Dorothy Bulger</b> 503 SE 8th Drive Okeechobee, FL 34974	Director	763-2898 W 763-3356 H	763-0541
<b>Tina Clemons</b> 395 SW 24th Avenue Okeechobee, FL 34974	Director	467-6242 H	467-6242 Note: fax # is same as phone # but fax will go through
<b>Stella Cross</b> 1960 SE 9th Avenue Okeechobee, FL 34974	Director	763-8400 W 467-9509 H	763-5920
<b>Marie Culbreth</b> P. O. Box 848 Okeechobee, FL 34973	Director	763-3154 W 763-2068 H 610-0264 C	763-1744
<b>Sandra Pearce McAuley</b> 1122 SW 15th St Okeechobee, FL 34974	Director	697-0321 W 763-2684 H 697-0321 C	357-3353
<b>Christan Varnadore</b> 2065 SW 22nd Circle North Okeechobee, FL 34972	Director	763-1437 H 763-7255 W	467-6266
<b>Valerie White</b> 480 NE 13th Avenue Okeechobee, FL 34972-3167	Director	462-5077 W 763-7239 H 697-2530 C	462-5082