

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULBRETH, MARIE	NAME	Please see attached Board list.		
STREET ADDRESS	P O BOX 848 3550 US 4415	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SYFRETT, FRAN	NAME			
STREET ADDRESS	16505 NW 20TH ST.	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULGER, DOROTHY	NAME			
STREET ADDRESS	503 SE 8TH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULSON, RANDY	NAME			
STREET ADDRESS	2386 SE 27TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, GRACE	NAME			
STREET ADDRESS	1000 HWY 98 NORTH	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP			
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACKMAN, LISA	NAME			
STREET ADDRESS	4230 ROBERT LOOP RD	STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP			



07112007 Chg-NP CR2E037 (12/06)

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09/21/07--01055--014 **61.25

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

9/17/07 (863) 467-2321

Hospice of Okeechobee, Inc.
Board of Directors
2007

Name of Director	Office Held	Phone	Fax
Frank Irby 1385 SE 23rd St. Okeechobee, Fl.	President	357-1639 H 610-0592 C	No fax, can mail him info or email info to him instead fmirby@embarcomail.com
Randy Paulson 2386 SE 27th Avenue Okeechobee, FL 34974	First Vice President	462-5077 W 763-6004 H	462-5082 Randy_Paulson@earthlink.net
Tina Clemons 395 SW 24th Avenue Okeechobee, Fl. 34974	Second Vice President	467-6242 H	467-6242 Note: fax # is same as phone # thc1937@comcast.net
Fran Syfrett 16505 NW 220th St. Okeechobee, FL 34972	Treasurer	763-0469 H	No fax - mail info to her
Grace Larson 10000 Hwy. 98 North Okeechobee, FL 34972	Secretary	763-7947 H 634-7503 C	763-7856 wlarson@okeechobee.com
Dorothy Bulger 503 SE 8th Drive Okeechobee, FL 34974	Director	763-2898 W 763-3356 H	763-0541
Paul Buxton 110 NE 5th Street Okeechobee, FL 34974	Director	763-1994 W 763-1531 H 634-3707 C	763-8134
Stella Cross 1307 S. Parrott Ave., Lot 62 Okeechobee, FL 34974		763-8400 W 610-9465 H	763-5920
Marie Culbreth P. O. Box 848 Okeechobee, FL 34973	Director	763-3154 W 763-2068 H 610-0264 C	763-1744 marie@gilbertchevrolet.com
Lynda Durrance 2155 SW 32nd Street Okeechobee, Fl. 34974	Director	763-2984 W 763-2600 H 634-8712 C	763-6473 lynda@eliswesternwear.com
Sandra Pearce McAuley 1122 SW 15th St Okeechobee, FL 34974	Director	697-0321 W 763-2684 H 697-0321 C	357-3353 pearcephotography@earthlink.net
Valerie White 480 NE 13th Avenue Okeechobee, FL 34972-3167	Director	462-5070 W 763-7239 H 697-2530 C	462-5076 vwhite@okee.k12.fl.us

Hospice of Okeechobee, Inc.

411 SE 4th Street
Okeechobee, Fl. 34974
(863) 467-2321
Fax: (863) 467-8330
www.HospiceOfOkeechobee.org
Your Hometown Hospice



September 17, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Attention: Russ Hunt

Re: 2007 Not-for-Profit Corporation Annual Report

Dear Mr. Hunt,

Based on our phone conversation of today's date, I am re-sending you our 2007 Not-for-Profit Corporation Annual Report.

I have stopped payment on the check that we previously issued to you on July 12, 2007 in the amount of \$61.25. The check number is 13468. It appears that this check, and our attached Annual Report, were lost in the mail.

We did not receive prior notice that the Annual Report and attached check were not received. Thank you for helping me resolve this matter.

Thank you and if you have any questions, please do not hesitate to call me. I can be reached weekdays from 8:30am to 3:30pm at 467-2321.

Sincerely,

Lisa Blackman
Lisa Blackman
Chief Executive Officer