

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15463

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOSPICE OF OKEECHOBEE, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2831397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULBRETH, MARIE
3550 441 S
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CULBRETH, MARIE
Address: P O BOX 848 3550 US 4415
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD () Delete
Name: SYFRETT, FRAN
Address: 16505 NW 20TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: BULGER, DOROTHY
Address: 503 SE 8TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: PAULSON, RANDY
Address: 2386 SE 27TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD () Delete
Name: LARSON, GRACE
Address: 1000 HWY 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: M () Delete
Name: BLACKMAN, LISA
Address: 4230 ROBERT LOOP RD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE JOHNSON

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date