

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15463

FILED
Feb 08, 2012
Secretary of State

Entity Name: HOSPICE OF OKEECHOBEE, INCORPORATED

Current Principal Place of Business:

411 SE 4TH ST.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1548-34973
OKEECHOBEE, FL 34973

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: PD
Name: IRBY, FRANK
Address: 1385 SE 23RD STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D
Name: CULBRETH, MARIE
Address: P.O. BOX 848
City-St-Zip: OKEECHOBEE, FL 34973 US

Title: D
Name: BULGER, DOROTHY
Address: 503 SE 8TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD
Name: PAULSON, RANDY
Address: 2386 SE 27TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD
Name: SYFRETT, FRAN
Address: 16505 NW 20TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VPD
Name: CLEMONS, TINA
Address: 395 SW 24TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

SIGNATURE: FRANK IRBY

PD

02/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date