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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23168** (0)

1. Corporation Name
HOSPICE FOUNDATION OF MARTIN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O M. LANNING FOX
2300 SE OCEAN BLVD
STUART FL 34998-0327

3. Date Incorporated or Qualified **10/26/1987** 3a. Date of Last Report **03/11/1994**
4. FEI Number **65-0047497** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2030 SE Ocean Blvd.** 26 **2030 SE Ocean Blvd.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Stuart, FL** 28 **Stuart, FL**
24 **34996** 25 **Martin** 29 **34996** 30 **Martin**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KNOX, MARY C
2300 SE OCEAN BLVD
STUART FL 34996

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2030 SE Ocean Blvd.
83
84 City **Stuart** FL 85 Zip Code **34996**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary C Knox MARY C KNOX 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RASMUSEN, ROGER 2001 SAILFISH PT. BLVD. STUART FL 34996 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGAVOCK, PATRICK 874 SE POLYNESIAN AVE. PT. ST. LUCIE FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIGGINS, JAMES 2400 S. FEDERAL HWY STUART FL 34994 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KNOX, MARY CANNING 8831 SE SOUNDING PL HOBE SOUND FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Daunoras, Richard 1741 SW Thornberry Circle Palm City, FL 34990 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nunn, Perry 9067 SE Star Island Way Hobe Sound, FL 33455 |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Higgins, James 2400 S. Federal Highway Stuart, FL 34994 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D Boyle, Jeanne 4061 SW Parkgate Blvd. Palm City, FL 34990 |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C Knox MARY C KNOX 3/10/95 407.287.7860
Signature and typed or printed name of signing officer or director (Date) Telephone #