

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23168** (0)

1. Corporation Name
THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, INC.



Principal Place of Business: 2030 SE OCEAN BLVD, STUART FL 34996-0327, US
Mailing Address: 2030 SE OCEAN BLVD, STUART FL 34996-0327, US

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 03/16/1995
4. FEI Number: 65-0047497
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
KNOX, MARY C
2030 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)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAUNORAS, RICHARD	
STREET ADDRESS	1741 SW THORN BERRY CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NUHN, PERRY	
STREET ADDRESS	9067 SE STAR ISLAND WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGGINS, JAMES	
STREET ADDRESS	2400 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOX, MARY CANNING	
STREET ADDRESS	8631 SE SOUNDING PL	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYLE, JEANNE	
STREET ADDRESS	4081 SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Perry Nuhn	
1.3 STREET ADDRESS	9067 SE Star Island Way	
1.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Capps	
2.3 STREET ADDRESS	5983 River Boat Drive	
2.4 CITY-ST-ZIP	Stuart, FL 34997	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Canning Knox	
4.3 STREET ADDRESS	8631 SE Sounding Pl	
4.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)