


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90032 037 \*\*\*\*61.25

<b>DOCUMENT # N23168</b>					
1. Entity Name <b>THE HOSPICE FOUNDATION OF MARTIN &amp; ST. LUCIE, INC.</b>					
Principal Place of Business 1201 SE INDIAN STREET STUART FL 34997 US		Mailing Address 1201 SE INDIAN STREET STUART FL 34997 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0047497</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>FOX, L. MANNING 1100 S. FEDERAL HIGHWAY STUART FL 34995</b>				7. Name and Address of New Registered Agent	
				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 re-registering) DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYES, ROY		NAME	MAYES, ROY	
STREET ADDRESS	6881 SE N. MARINA WAY		STREET ADDRESS	6881 SE N. Marina Way	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART, FL 34996	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, STEVEN		NAME	JOHNSON, BONNEY	
STREET ADDRESS	1201 SE INDIAN ST		STREET ADDRESS	819 S. Federal Highway, Suite 100	
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP	STUART, FL 34994	
TITLE	BM	<input type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, WILLIAM		NAME		
STREET ADDRESS	5671 SE WINGED FORT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, RAY		NAME		
STREET ADDRESS	1201 SE INDIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, KATHY		NAME	Hodge, Kathy	
STREET ADDRESS	2113 SW OLYMPIC CLUB TERR		STREET ADDRESS	2113 SW OLYMPIC CLUB TERR.	
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Clifford* 2-28-06