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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27921 (8)**
1. Corporation Name
HOSPICE FOUNDATION OF LAKE AND SUMTER, INC.



Principal Place of Business 12300 LANE PARK ROAD TAVARES FL 32778-6660	Mailing Address 12300 LANE PARK ROAD TAVARES FL 32778-6660
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/17/1988
4. FEI Number 59-2915060
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**SYKES-AMOS, PATRICIA
17025 PERU RD
UMATILLA FL 32784**

10. Name and Address of New Registered Agent
81 Name **Lou Arasi**
82 Street Address (P.O. Box Number is Not Acceptable)
100 South Bay Street
83
84 City **Eustis** **FL** 85 Zip Code **32726**

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 **Lou Arasi, Secretary/Treasurer** DATE **2/25/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BUD BEUCHER	
STREET ADDRESS	1100 MAIN ST.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VP	☐ DELETE
NAME	MARSHALL AHUX	
STREET ADDRESS	40 WEBSTER ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	☐ DELETE
NAME	SYKES-AMOS, PATRICIA	
STREET ADDRESS	17025 PERU RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	☐ DELETE
NAME	RATH, ROGER DR.	
STREET ADDRESS	P. O. BOX -901 N. GROVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	☐ DELETE
NAME	ANDREWS, WANDA	
STREET ADDRESS	847 EIGHTH ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☐ DELETE
NAME	BAVETTA, JILL	
STREET ADDRESS	8917 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG FL 34748	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Marshall Hux	
1.3 STREET ADDRESS	400 Webster Street	
1.4 CITY-ST-ZIP	Leesburg, FL 34748	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Seth Ellis	
2.3 STREET ADDRESS	141 Waterman Ave.	
2.4 CITY-ST-ZIP	Mt. Dora, FL 32757	
3.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
3.2 NAME	Lou Arasi	
3.3 STREET ADDRESS	100 South Bay Street	
3.4 CITY-ST-ZIP	Eustis, FL 32726	
4.1 TITLE	Bud Beucher	☒ Change ☐ Addition
4.2 NAME	10400 CR 48	
4.3 STREET ADDRESS	Howey, FL 34737	
4.4 CITY-ST-ZIP		
5.1 TITLE	William Kickligher	☒ Change ☐ Addition
5.2 NAME	2701 S. Bay Street	
5.3 STREET ADDRESS	Eustis, FL 32726	
5.4 CITY-ST-ZIP		
6.1 TITLE	Roger Rath	☒ Change ☐ Addition
6.2 NAME	901 N. Grove Street	
6.3 STREET ADDRESS	Eustis, FL 32726	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ted E. Williams, Development Director* 2/25/98 (352)-343-1341

CR2E037 (10/97)