2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N27921

Entity Name: HOSPICE FOUNDATION OF LAKE AND SUMTER, INC.

Current Principal Place of Business:

12300 LANE PARK ROAD
TAVARES, FL 327786660

New Principal Place of Business:

Current Mailing Address:

12300 LANE PARK ROAD
TAVARES, FL 327786660

New Mailing Address:

FEI Number: 59-2915060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, SUSAN C
4525 CR 48
OKAHUMPKA, FL 34762 US

Name and Address of New Registered Agent:

HEATON, JAMES
1321 WEST CITIZENS BLVD
LEESBURG, FL 34748 US

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: JAMES HEATON 04/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HEATON, JIM
Address: 1321 W CITIZENS BLVD
City-St-Zip: LEESBURG, FL 34748

Title: PD ( ) Delete
Name: CARTER, SUSAN L
Address: 4525 CR 48
City-St-Zip: OKAHUMPKA, FL 34762

Title: T ( ) Delete
Name: GANNAWAY, VANN
Address: 15140 US HWY 441
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: STONE, LEWIS W
Address: 4850 N HWY 19A
City-St-Zip: MT DORA, FL 32757

Title: S ( ) Delete
Name: WOLFE, MICKI B
Address: 450 E SR 50
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: GANNAWAY, VANN
Address: US HWY 441
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES HEATON PD 04/27/2004
Electronic Signature of Signing Officer or Director Date