2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
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:

OGILVIE, ALEX W III
1124 SE 180TH STREET
WEIRSDALE, FL 32195 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	OGILVIE, ALEX W III	
Address:	1124 SE 180TH STREET	
City-St-Zip:	WEIRSDALE, FL 32195	
Title:	V	( ) Delete
Name:	LEE-FATT, KAREN	
Address:	BOX 1689	
City-St-Zip:	ORLANDO, FL 32802	
Title:	T	( ) Delete
Name:	BLACKBURN-WOLFE, MICKI	
Address:	450 SR 50, SUITE 1	
City-St-Zip:	CLERMONT, FL 34711	
Title:	S	( ) Delete
Name:	RUGGIE, THOMAS W	
Address:	14229 US HWY 441	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	HEATON, JAMES	
Address:	1321 WEST CITIZENS BLVD	
City-St-Zip:	LEESBURG, FL 34748	
Title:	D	( ) Delete
Name:	CARPENTER, KENNETH W	
Address:	2701 S. BAY STREET	
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 Chapter 119, 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: ALEX W. OGILVIE, III. P 01/09/2006

Electronic Signature of Signing Officer or Director — Date