## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27921

FILED Jan 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12300 LANE PARK ROAD TAVARES, FL 327786660

Current Mailing Address: New Mailing Address:

12300 LANE PARK ROAD TAVARES, FL 327786660

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OGILVIE, ALEX W III

1124 SE 180TH STREET

WEIRSDALE, FL 32195 US

LEE-FATT, KAREN L

400 S. WINTER PARK AVE, STE 200

WINTER PARK, FL 32789 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: KAREN L. LEE FATT 01/05/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P ( ) Delete
 Title:
 S (X) Change ( ) Addition

 Name:
 OGILVIE, ALEX W III
 Name:
 REARDON, ROBERT F JR.

 Address:
 1124 SE 180TH STREET
 Address:
 40209 MORNING MIST DRIVE

 City-St-Zip:
 WEIRSDALE, FL 32195
 City-St-Zip:
 LADY LAKE, FL 32159 US

Title: V ( ) Delete Title: P (X) Change ( ) Addition
Name: LEE-FATT, KAREN Name: LEE FATT, KAREN L
Address: BOX 1689 Address: 400 S PARK AVE STE 200

 Address:
 BOX 1689
 Address:
 400 S. PARK AVE, STE 200

 City-St-Zip:
 ORLANDO, FL 32802
 City-St-Zip:
 WINTER PARK, FL 32789 US

Title: T ( ) Delete Title: VP (X) Change ( ) Addition Name: BLACKBURN-WOLFE, MICKI Name: BLACKBURN, MICKI

 Name:
 BLACKBURN-WOLFE, MICKI
 Name:
 BLACKBURN, MICKI

 Address:
 450 SR 50, SUITE 1
 Address:
 450 SR 50, SUITE 1

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: S ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 RUGGIE, THOMAS W
 Name:
 RUGGIE, THOMAS W

 Address:
 14229 US HWY 441
 Address:
 14229 US HWY 441

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:
 TAVARES, FL 32778 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HEATON, JAMES
 Name:
 OGILVIE, ALEX W III

 Address:
 1321 WEST CITIZENS BLVD
 Address:
 1124 SE 180TH STREET

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 WEIRSDALE, FL 32195 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

CARPENTER, KENNETH W
2701 S. BAY STREET
EUSTIS, FL 32726

Name: LINDGREN, RICHARD W
Address: 8035 LAKESIDE DRIVE
City-St-Zip: YALAHA, FL 34797 US

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: KAREN L. LEE FATT P 01/05/2007