2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
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:

LEE-FATT, KAREN L
400 S. WINTER PARK AVE, STE 200
WINTER PARK, FL 32789 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:	S	( ) Delete
Name:	REARDON, ROBERT F JR.	
Address:	40209 MORNING MIST DRIVE	
City-St-Zip:	LADY LAKE, FL 32159 US	
Title:	P	( ) Delete
Name:	LEE FATT, KAREN L	
Address:	400 S. PARK AVE, STE 200	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	VP	( ) Delete
Name:	BLACKBURN, MICKI	
Address:	450 SR 50, SUITE 1	
City-St-Zip:	CLERMONT, FL 34711	
Title:	T	( ) Delete
Name:	RUGGIE, THOMAS W	
Address:	14229 US HWY 441	
City-St-Zip:	TAVARES, FL 32778 US	
Title:	D	( ) Delete
Name:	OGILVIE, ALEX W III	
Address:	1124 SE 180TH STREET	
City-St-Zip:	WEIRSDALE, FL 32195 US	
Title:	D	( ) Delete
Name:	LINDGREN, RICHARD W	
Address:	8035 LAKESIDE DRIVE	
City-St-Zip:	YALAHA, FL 34797 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	RUGGIE, TOM	
Address:	14229 U.S. HIGHWAY 441	
City-St-Zip:	TAVARES, FL 32778	
Title:	T	(X) Change ( ) Addition
Name:	CARPENTER, KENNETH W	
Address:	2701 S. BAY STREET	
City-St-Zip:	EUSTIS, FL 32726 US	
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 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 01/11/2008

Electronic Signature of Signing Officer or Director — Date