


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

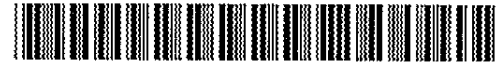
FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007332
 1. Entity Name
HOSPICE OF THE EMERALD COAST, INC.



Principal Place of Business Mailing Address
700 W 23RD STREET **PO BOX 1520**
SUITE 59 **LYNN HAVEN, FL 32444**
PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
62-1805874 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEZZANOTTE, DONNA
700 W 23RD STREET
SUITE 59
PANAMA CITY, FL 32405

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000090961
 03/17/04-80040-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SHROUT, RAY L 700 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHIDDON, CINDY 700W. 23RD ST. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEZZANOTTE, DONNA 700 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARMER, DENNIS 700 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Date: **3/11/04** Daytime Phone #: **334-792-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR