

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# N99000007332

Entity Name: HOSPICE OF THE EMERALD COAST, INC.

Current Principal Place of Business:

700 W 23RD STREET
SUITE 59
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

PO BOX 1520
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 62-1805874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZZANOTTE, DONNA
700 W 23RD STREET
SUITE 59
PANAMA CITY, FL 32405 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: CEOD () Delete
Name: SHROUT, RAY L
Address: 700 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD () Delete
Name: WHIDDON, CINDY
Address: 700W. 23RD ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: ST () Delete
Name: MEZZANOTTE, DONNA
Address: 700 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete
Name: FARMER, DENNIS
Address: 700 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: WINDLEY, RODNEY D
Address: 6666 POWERS FERRY ROAD, STE 328
City-St-Zip: ATLANTA, GA 30339

Title: PCOO (X) Change () Addition
Name: STRANGE, H. ANTHONY
Address: 6666 POWERS FERRY ROAD, STE 328
City-St-Zip: ATLANTA, GA 30339

Title: TCFO (X) Change () Addition
Name: LUMPKIN, CYNTHIA L
Address: 6666 POWERS FERRY ROAD, STE 328
City-St-Zip: ATLANTA, GA 30339

Title: AS (X) Change () Addition
Name: SNYDER, GARY E
Address: 6666 POWERS FERRY ROAD, STE 328
City-St-Zip: ATLANTA, GA 30339

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: H. ANTHONY STRANGE

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

Date