

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740892

**Entity Name:** HOSPICE OF ST. FRANCIS, INC.

**Current Principal Place of Business:**

1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780-7927

**Current Mailing Address:**

1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780-7927 US

**FEI Number:** 59-1795440

**Certificate of Status Desired:** No

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

WOLTERS, BRUCE D  
1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780-7927 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PULIDO, RENE  
Address 4005 TIWA LANE  
City-State-Zip: TITUSVILLE FL 32796

Title CHAIRMAN  
Name SAMUEL, HADDAD  
Address 4561 HELENA DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title VC  
Name MCALPINE, CHRISTOPHER  
Address 951 N WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title D  
Name DIGGS, J. ALBERT  
Address 5120 KIRWOOD TRAILS  
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY/TREASURER  
Name NORRIS, RON  
Address 1240 RIVERSIDE DRIVE  
City-State-Zip: TITUSVILLE FL 32780

*I hereby 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 all other like empowered.*

**SIGNATURE:** RON NORRIS

**SECRETARY/TREASURER** 01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date