

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740892

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC7491448890**

**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:**

ABELN, MARSHA L  
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:** MARSHA ABELN

04/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RODRIGUEZ, KIM  
Address 2327 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name MCALPINE, CHRISTOPHER  
Address 4835 CARODOC CIRCLE  
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR  
Name WEINBURG, LINDA  
Address 404 S. BANANA RIVER BLVD.  
City-State-Zip: COCOA BEACH FL 32931

Title CHAIRMAN  
Name SEVERS, DWIGHT  
Address 1308 RIVERSIDE DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY/TREASURER  
Name FERGUSON, DAVID  
Address 4045 PECAN STREET  
City-State-Zip: MIMS FL 32754

Title PAST CHAIR  
Name HURT, TONY  
Address MILLER & HURT FINANCIAL GROUP  
182 BARTON BOULEVARD  
City-State-Zip: ROCKLEDGE FL 32955

Title CEO, PRESIDENT  
Name KILLIAN, JOSEPH S  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780-7927

Title DIRECTOR  
Name ALDERMAN, MARY ANN  
Address 1505 DORSAL STREET  
City-State-Zip: MERRITT ISLAND FL 32952

**Continues on page 2**

*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:** JOSEPH S KILLIAN

**CHIEF EXECUTIVE  
OFFICER**

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ALLENDER, JERRY  
Address 719 GARDEN STREET  
City-State-Zip: TITUSVILLE FL 32796

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

Title DIRECTOR  
Name ABRUZZO-PRICE, THERESA  
Address 11 WINCOVE LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name AMMEN, MICHAEL  
Address 215 JARO STREET NE  
City-State-Zip: TITUSVILLE FL 32907

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

Title DIRECTOR  
Name COLEMAN, MARY  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780-7927