

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740892

FILED
Jan 22, 2015
Secretary of State
CC3129858743

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:

KILLIAN, JOSEPH S
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: JOSEPH S. KILLIAN

01/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name DIGGS, J. A.
Address 1840 LAKESIDE DRIVE
City-State-Zip: TITUSVILLE FL 32780

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

Title DIRECTOR
Name SYLVESTER, CHRISTINE
Address 3531 ROYAL OAK DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title 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

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

PRESIDENT/CEO

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date