

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15463

FILED
Jan 27, 2015
Secretary of State
CC2459560427

Entity Name: HOSPICE OF OKEECHOBEE, INCORPORATED

Current Principal Place of Business:

411 SE 4TH ST.
OKEECHOBEE, FL 34974

Current Mailing Address:

P.O. BOX 1548
OKEECHOBEE, FL 34973-1548 US

FEI Number: 59-2831397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CULBRETH, MARIE
3550 441 S
OKEECHOBEE, FL 34974 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 PRESIDENT, DIRECTOR
Name IRBY, FRANK
Address 1385 SE 23RD STREET
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name CULBRETH, MARIE
Address P.O. BOX 848
City-State-Zip: OKEECHOBEE FL 34973

Title DIRECTOR
Name BULGER, DOROTHY
Address 503 SE 8TH DRIVE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name SYFRETT, FRAN
Address 16505 NW 20TH STREET
City-State-Zip: OKEECHOBEE FL 34972

Title VP
Name CLEMONS, TINA
Address 395 SW 24TH AVENUE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name BUXTON, PAUL
Address 2517 SW 22ND CIRCLE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name CROSS, STELLA
Address 1307 S PARROTT AVE, LOT 62
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR, SECRETARY
Name MCAULEY, SANDRA
Address 1122 SW 15TH STREET
City-State-Zip: OKEECBHOBEE FL 34974

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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: FRANK IRBY

PRESIDENT BOD

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOGERSEN, GREG
Address 868 SW GRAND RESERVES BLVD
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name ENFINGER, SHERRIE
Address 843 SW 24TH AVENUE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name RUCKS, PAM
Address 2254 SW 24TH AVENUE
City-State-Zip: OKEECHOBEE FL 34974