

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15463

**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, SECRETARY  
Name            MCAULEY, SANDRA  
Address        1122 SW 15TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            SMITH, NICKI  
Address        8901 HWY 441 N.  
City-State-Zip: OKEECHOBEE FL 34972

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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**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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