FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:20

DOCUMENT # 745692 (4)

1. Corporation Name
GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.

Principal Place of Business	Mailing Address
1201 FIRST ST. S., STE. C P.O. BOX 7129 WINTER HAVEN FL 33883-4129	1201 FIRST ST. S., STE. C P.O. BOX 7129 WINTER HAVEN FL 33883-4129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1979
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1926521 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANASTASIO, LANCE W.
200 AVENUE F, NE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	BECKERT, CHERYL	1.2 NAME	
STREET ADDRESS	1326 LAKE OTIS DR. SE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, RALPH	2.2 NAME	
STREET ADDRESS	P.O. BOX 1284 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	☐ Change ☐ Addition
NAME	CROWDER, BARBARA	3.2 NAME	
STREET ADDRESS	1010 LAKE HAMILTON DR. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, ALLYN	4.2 NAME	
STREET ADDRESS	333 GREENFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	CHILDERS, LAVON	5.2 NAME	
STREET ADDRESS	1370 S. LAKE ROY DR. SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl Beckert
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Cheryl Beckert — Chairman of Board — Date: 1/30/95 — Daytime Phone #: 813-294-3580

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