FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

745692

(4)

GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.

Principal Place of Business	Malling Address	
105 ARNESON AVE AUBURNDALEEN FL 33823	P.O. BOX 7129 WINTER HAVEN FL 33883-7129	
Principal Place of Business	2a. Mailing Address	

FILED Mar 04 1997 8:00am Secretary of State



								3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1979 03/05/1996		
2. Principal Place of Business 2a. Ma				Mailing Address	Vailing Address			4. FEI Number Applied For		
21 105 Arneson Avenue			26	26				59-1926521 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				A0 72		
22 Auburndale, Florida			27	27				5. Certificate of Status Desired		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23 33823			28	4 4				Trust Fund Contribution Added to Fees		
Zip		Country	ļ ₁	Zip		intry		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30 9. Name and Address of Current Registered Agent					30]					
ļ	9. Name a	no Address of Cur	ent Hegis	tered Agent		10. Name and Address of New Registered Agent				
						81	Name			
ANASTASIO, LANCE W. 200 AVENUE F, NE						82 Street Address (P.O. Box Number is Not Acceptable)				
1	ENUE F, NE HAVEN FL 3	22881				83	~~~			
***********	INTERIC	2001								
						84	City	FL 85 Zip Code . *		
11. Pursuant	to the provision	ns of Sections 617.0	502 and 6	17.1508, Florida Statu	tes, the a	bove	-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent I a	m familiar with	and accept the ob	igations of	, Section 617.0503, FI	aumonze Iorida Sta	o by lutes	the cor _t	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE _										
12.	Signature, typed or	printed name of registered OFFICERS /				d Age	nt signature	required when reinstating) DATE		
TITLE		Orricens /	MD DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	CD	DOM DALDI		L. DELETE	1.1 (1)			CD Change Addition		
				1.2 N			Richardson, Ralph			
LIANGE OF THE COLD						ADDRESS	P.O. Box 1284 N/A			
CITY-ST-ZIP	***************************************	111 FL 33844		X DELETE	1.4 C		· ZIP	Haines City, FL 33844		
TITLE	VCD	D D400404		LA DELETE	2.1 TI			VC Change (3) Addition		
NAME					2.2 N			Dale Bourdette 1004 Tequesta Trail		
						ADDRESS	Lake Wales, Florida 33853			
CITY - ST - ZIP							T-ZIP	ar .		
TITLE	_			3,1 70			VC			
NAME					3.2 N					
STREET ADDRESS	100				33 STREET ADDRESS 979 Lake Hollingsworth Drive Lakeland, Florida 33803					
CITY-ST-ZIP					T-ZIP					
TITLE	SD DELETE 4.17						L_] Change L_] Addition			
NAME				4. 2 N						
STREET ADDRESS				4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP		AVEN FL 33884				TY - \$	r-zip			
TITLE	TD			■ DELETE	5.1 TI	TLE		TD Q Change Addition		
NAME	0.0000000000000000000000000000000000000			5.2 N/	AME		William Rowse .			
****				STREET ADDRESS 525 Pope Avenue N.W.						
CITY - ST - ZIP	WINTER H	IAVEN FL 33884			5.4 CI	TY-S	r- ZIP	Winter Haven, Florida 33881		
TITLE				☐ DELETE	6.1 Ti	TLE		Change Addition		
NAME					6.2 N	AME				
STREET ADDRESS					6.3 \$1	REET	ADDRESS			
CITY - ST - ZIP					640	TY - \$1	r-ZiP			

14. Ido hereby certify that the information supplied with this filing 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 eath; 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:

DUMED

SIGNATURE: