


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745692 (4)
 1. Corporation Name
GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.



Principal Place of Business 105 ARNESON AVE AUBURNDALEEN FL 33823 US	Mailing Address P.O. BOX 7129 WINTER HAVEN FL 33883
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3. Date Incorporated or Qualified 01/24/1979
4. FEI Number 59-1926521
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, RALPH
STREET ADDRESS	P.O BOX 1284 N/A
CITY-ST-ZIP	HAINES CITY FL
TITLE	VC <input checked="" type="checkbox"/> DELETE
NAME	BOURDETTE, DALE
STREET ADDRESS	1004 TEQUESTA TRAIL
CITY-ST-ZIP	LAKE WALES FL
TITLE	VC <input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, JULIE
STREET ADDRESS	979 LAKE HOLLINGSWORTH DRIVE
CITY-ST-ZIP	LAKELAND FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LUCAS, ALLYN
STREET ADDRESS	333 GREENFIELD RD.
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROWSE, WILLIAM
STREET ADDRESS	525 POPE AVENUE N. W.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bourdette, Dale
1.3 STREET ADDRESS	1004 Tequesta Trail
1.4 CITY-ST-ZIP	Lake Wales, FL 33853
2.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephenson, Julie
2.3 STREET ADDRESS	979 Lake Hollingsworth Drive
2.4 CITY-ST-ZIP	Lakeland, FL 33803
3.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Allen, Eddie
3.3 STREET ADDRESS	1903 Queens Terrace
3.4 CITY-ST-ZIP	Winter Haven, FL 33881
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, Ginger
4.3 STREET ADDRESS	1190 S. Orange Avenue
4.4 CITY-ST-ZIP	Bartow, FL 33830
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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: *[Signature]* 1/21/98 9/11/97/2000

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