



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90062 021 \*\*\*\*70.00

<b>DOCUMENT # 745692</b> 1. Entity Name <b>GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.</b>					
Principal Place of Business <b>105 ARNESON AVE AUBURNDALE, FL 33823 US</b>			Mailing Address <b>P.O. BOX 7129 WINTER HAVEN, FL 33883</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1926521</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33881</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	CT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYLIS, STEVE		NAME		
STREET ADDRESS	53 LK MORTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	1VCT <input type="checkbox"/> Delete		TITLE	CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOLLUM, JIM		NAME	McCollum, Jim	
STREET ADDRESS	129 S. COMMERCE		STREET ADDRESS	129 S Commerce	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring, FL 33870	
TITLE	2VCT <input checked="" type="checkbox"/> Delete		TITLE	1VCT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THRELKEL, ELLIE		NAME	Dave Connor	
STREET ADDRESS	1315 LAKE ELBERT DRIVE		STREET ADDRESS	P.O. Drawer 7608	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33883	
TITLE	TT <input type="checkbox"/> Delete		TITLE	2VCT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOCKERY, CARL		NAME	Phillip Walker	
STREET ADDRESS	PO BOX 2477		STREET ADDRESS	3119 US Hwy 98 N	
CITY-ST-ZIP	LAKELAND, FL 33806		CITY-ST-ZIP	Lakeland FL 33805	
TITLE	MD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POE, MARY E		NAME		
STREET ADDRESS	105 ARNESON AVE		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKS, LISA		NAME		
STREET ADDRESS	157 KENWITH COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			3-10-04 863297-1880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		