

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90372 009 ****70.00

DOCUMENT # 745692

1. Entity Name

GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.



Principal Place of Business

**105 ARNESON AVE
AUBURNDALE FL 33823
US**

Mailing Address

**P.O. BOX 7129
WINTER HAVEN FL 33883**

30014691

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1926521**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CT** ☐ Delete
NAME **BAYLIS, STEVE**
STREET ADDRESS **53 LK MORTON DRIVE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **1VCT** ☐ Delete
NAME **MCCOLLUM, JIM**
STREET ADDRESS **129 S. COMMERCE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **ST** ☒ Delete
NAME **EWING, CAROLYN**
STREET ADDRESS **3047 SHOAL CREEK VILLAGE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TT** ☐ Delete
NAME **DOCKERY, CARL**
STREET ADDRESS **PO BOX 2477**
CITY-ST-ZIP **LAKELAND FL 33806**

TITLE **MD** ☐ Delete
NAME **POE, MARY E**
STREET ADDRESS **105 ARNESON AVE**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **2VCT** ☐ Change ☒ Addition
NAME **Ellie Threlkel**
STREET ADDRESS **1315 Lake Elbert Drive**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **ST** ☐ Change ☒ Addition
NAME **Lisa Parks**
STREET ADDRESS **157 Kenwith Court**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

863-297-1880

CR2E037 (10/02)