

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State


02-11-2005 90053 034 ****70.00

DOCUMENT # 753991 1. Entity Name HOSPICE HUNDRED, INC.	
--	---

Principal Place of Business 309 S E 18TH ST FORT LAUDERDALE, FL 33316 US	Mailing Address 309 S E 18TH ST FORT LAUDERDALE, FL 33316 US
--	--

DO NOT WRITE IN THIS SPACE

50014343



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2050770	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZE, BETTY T
 3544 BARBADOS AVENUE
 COOPER CITY, FL 33026

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOFIELD, SHERRY 1108 ORANG ISLE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULTZE, BETTY T 3544 BARBADOS AVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BATZER, SUZY 309 SE 18TH ST FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP PAGANO, CLAUDETTE 900 SE 6TH ST FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BYMES, PAT <i>Byrnes</i> 309 SE 18TH ST FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS KELLEHER, KRISTEN 1160 N FEDERAL HWY #214 FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

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: *Betty T. Schultze*, *Betty T. Schultze, Treasurer* *2/07/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #