

**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

50014343



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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	P
NAME	SCHOFIELD, SHERRY
STREET ADDRESS	1108 ORANG ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	T
NAME	SCHULTZE, BETTY T
STREET ADDRESS	3544 BARBADOS AVE
CITY-ST-ZIP	COOPER CITY, FL 33026

TITLE	1VP
NAME	BATZER, SUZY
STREET ADDRESS	309 SE 18TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	2VP
NAME	PAGANO, CLAUDETTE
STREET ADDRESS	900 SE 6TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33301

TITLE	RS
NAME	BYMES, PAT Byrnes
STREET ADDRESS	309 SE 18TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315

TITLE	CS
NAME	KELLEHER, KRISTEN
STREET ADDRESS	1160 N FEDERAL HWY #214
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

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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 Daytime Phone #