

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768626 (4)

1. Corporation Name

HOSPICE OF CITRUS COUNTY, INC.

Principal Place of Business

3350 AUDUBON PARK PATH
LECANTO FL 34461

Mailing Address

3350 AUDUBON PARK PATH
LECANTO FL 34461



3. Date Incorporated or Qualified
05/25/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2401197

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

BUDD, MARJORIE B.
121 N. BRAEMAR DR.
INVERNESS FL 34450

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BUDD, MARJORIE B.
STREET ADDRESS 121 N BRAEMAR DR
CITY-ST-ZIP INVERNESS FL

TITLE DT ☐ DELETE

NAME CATCHPR, TIM
STREET ADDRESS 14 JUNGLEPLUM CT S
CITY-ST-ZIP HOMOSASSA FL

TITLE D ☐ DELETE

NAME HARVEY, DUNN
STREET ADDRESS PO BOX 758 N/A
CITY-ST-ZIP FLORAL CITY FL

TITLE D ☒ DELETE

NAME HARLING, JANE
STREET ADDRESS N APOPKA AVE
CITY-ST-ZIP INVERNESS FL

TITLE DV ☐ DELETE

NAME MAWHINNEY, TOM
STREET ADDRESS P. O. BOX 118 N/A
CITY-ST-ZIP INVERNESS FL

TITLE DS ☐ DELETE

NAME GAFFNEY, KAREN
STREET ADDRESS 320 HWY 415
CITY-ST-ZIP INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition

NAME Pat Dixon
STREET ADDRESS 2905 S. Circle Drive
CITY-ST-ZIP Inverness, FL.

21 TITLE D ☐ Change ☒ Addition

NAME Carol Rowda
STREET ADDRESS 8950 E. Edan walk ct.
CITY-ST-ZIP Inverness, FL. 34450

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

Daytime Phone #

CR2E037 (12/95)