


FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 34461-0450		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1983 3a. Date of Last Report 06/06/1996 4. FEI Number 59-2401197 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BUDD, MARJORIE B. 121 N. BRAEMAR DR. INVERNESS FL 34450			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		
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 BUDD, MARJORIE B. <input checked="" type="checkbox"/> DELETE NAME 121 N BRAEMAR DR STREET ADDRESS INVERNESS FL CITY-ST-ZIP TITLE DT <input type="checkbox"/> DELETE NAME CATCHPR, TIM STREET ADDRESS 14 JUNGLEPLUM CT S CITY-ST-ZIP HOMOSASSA FL TITLE D <input type="checkbox"/> DELETE NAME HARVEY, DUNN STREET ADDRESS PO BOX 756 N/A CITY-ST-ZIP FLORAL CITY FL TITLE D <input type="checkbox"/> DELETE NAME DIXON, PAT STREET ADDRESS 2905 S CIRCLE DR. CITY-ST-ZIP INVERNESS FL TITLE DV <input type="checkbox"/> DELETE NAME MAWHINNEY, TOM STREET ADDRESS P. O. BOX 118 N/A CITY-ST-ZIP INVERNESS FL TITLE DS <input type="checkbox"/> DELETE NAME GAFFNEY, KAREN STREET ADDRESS 320 HWY 415 CITY-ST-ZIP INVERNESS FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Rowda, Carol 1.3 STREET ADDRESS 8950 E. Edan Walk Ct. 1.4 CITY-ST-ZIP Inverness, FL. 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Harvey, Dunn 3.3 STREET ADDRESS P.O. Box 756 N/A 3.4 CITY-ST-ZIP Floral City, FL. 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Mawhinney, Tom 5.3 STREET ADDRESS P.O. Box 118 N/A 5.4 CITY-ST-ZIP Inverness, FL. 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: SIGNATURE REQUIRED <i>Sharon A. M. and Thomas E.</i> 4/1/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065481					

CR2E037 (9/96)