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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768626** (4)

1. Corporation Name

**HOSPICE OF CITRUS COUNTY, INC.**

Principal Place of Business

Mailing Address

**3350 AUDUBON PARK PATH  
LECANTO FL 34461**

**3350 AUDUBON PARK PATH  
LECANTO FL 34461**

3. Date Incorporated or Qualified

**05/25/1983**

4. FEI Number

**59-2401197**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

TITLE **D**  
NAME **ROWDA, CAROL**  
STREET ADDRESS **8950 E. EDAN WALK CT.**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **DT** ☐ DELETE

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

TITLE **VP** ☐ DELETE

NAME **HARVEY, DUNN**  
STREET ADDRESS **P.O. BOX 756 N/A**  
CITY-ST-ZIP **FLORAL CITY FL**

TITLE **D** ☐ DELETE

NAME **DIXON, PAT**  
STREET ADDRESS **2905 S CIRCLE DR.**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **P** ☐ 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 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Director  
**Harvey, Dunn**  
**P.O. Box 756 Floral City, FL N/A**

Vice President  
**Dixon, Pat**  
**2905 South Circle Drive Inverness, FL**

14. 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 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: **Thomas A. Mawhinney**

**3-26-98**

**252-344-1501**

CP2E037 (10/97)