

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90072 047 ****61.25

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DOCUMENT # 768626

1. Corporation Name

HOSPICE OF CITRUS COUNTY, INC.

524929 - 90072 - 47

Principal Place of Business

**3350 AUDUBON PARK PATH
LECANTO FL 34461**

Mailing Address

**3350 AUDUBON PARK PATH
LECANTO FL 34461**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/25/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2401197

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HARVEY, DUNN**
CITY-ST-ZIP **P O BOX 756 NA
FLORAL CITY FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP**
3.3 STREET ADDRESS **Harvey, Dunn**
3.4 CITY-ST-ZIP **P O Box 756
Floral City, FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **DIXON, PAT**
CITY-ST-ZIP **2905 S CIRCLE DR
INVERNESS FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **Dixon, Pat**
4.4 CITY-ST-ZIP **2905 S. Circle Dr.
Inverness, FL**

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

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

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **GAFFNEY, KAREN**
CITY-ST-ZIP **320 HWY 415
INVERNESS FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Gaffney, Karen**
6.4 CITY-ST-ZIP **320 Hwy 415
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)