2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N01000005238

Entity Name: VILLAGERS FOR HOSPICE, INC.

Current Principal Place of Business:

601 CASA BELLA
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

601 CASA BELLA
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3738721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENTNER, KEVIN A
601 CASA BELLA
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

REYNOLDS, PATRICIA W CO-PRES
601 CASA BELLA
THE VILLAGES, FL 32162 US

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.

SIGNATURE: PATRICIA W REYNOLDS 04/22/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALLEN, JULIA
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: DP ( ) Delete
Name: BENTZ, ARLENE
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: DT ( ) Delete
Name: BYRON, RONALD J
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: DV ( ) Delete
Name: CARR, HELEN
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: D ( ) Delete
Name: GIPSON, CAROLYN
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: D ( ) Delete
Name: O'LOUGHLIN, STAN
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: REYNOLDS, PATRICIA W
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. BYRON DT 04/22/2005
Electronic Signature of Signing Officer or Director Date