2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005238 FILED 1. Entity Name VILLAGERS FOR HOSPICE, INC. 06 JUL 31 AM 10: 10 JALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 601 CASA BELLA 601 CASA BELLA THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112006 Chg-NP CR2E037 (4/06) City & State Applied For City & State 4. FEI Number 59-3738721 Not Appricable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYNOLDS, PATRICIA W CO-PRES Street Address (P.O. Box Number | Nat Address | P.O. Box Number | P.O. B 601 CASA BELLA THE VILLAGES, FL 32162 -08/02/06--01049--010--**61.25 Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete AREBALD, SANDRA ALLEN JULIA NAME NAME 601 CASA BELLA STREET ADDRESS STREET ADDRESS 601 CASA BELLA CITY-ST-ZIP THE VILLAGES, FL 32162 CITY-ST-ZIP THE VIllages FL ☐ Change TITLE □ Delete TITLE Addition NAME BENTZ, ARLENE NAME GARVIN , PEGGY 601 CASA BELLA STREET ADDRESS STREET ADDRESS GOI CASA BELLA CITY-ST-ZIP THE VILLAGES, FL 32162 CITY-ST-ZIP THE VILLAGES FL 32162 ☐ Change TITLE Delete TITLE Notified Addition BYRON, RONALD J WAMSLEY, MARK NAME NAME STREET ADDRESS 601 CASA BELLA STREET ADDRESS 601 CASA BELLA THE VILLAGES, FL 32162 CITY-ST-ZIP CITY-ST-7IP THE VILLAGES TITLE Delete TITLE ☐ Change Addition FAY, ANN GOI CASA BELLA NAME CARR, HELEN NAME STREET ADDRESS 601 CASA BELLA STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162 CITY - ST - ZIP THE VILLAGES FL TITLE Delete TITLE ☐ Change ★ Addition REYNOLDS, PATRICIA W NAME NAME SUBERS PAT GOI CA'SA BELLA STREET ADDRESS 601 CASA BELLA STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32162 CITY-ST-ZIP THE VILLAGES FL TITLE THILE O'LOUGHLIN, STAN SUBBRS, DICK NAME NAME STREET ADDRESS 601 CASA BELLA STREET ADDRESS CASABELLA CITY - ST-ZiP THE VILLAGES, FL 32162 CITY-ST-ZIP TIME VIllages FI 32162 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 d changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DEDIRECTOR