2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 23, 2012
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:

BENTZ, ARLENE PRES
601 CASA BELLA
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BENTZ, ARLENE A
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: S
Name: PHINNEY, JOANNE
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: VP
Name: REEDER, SONYA
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: VP
Name: ASHWORTH, MARY ANNE
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: T
Name: FESSENDEN, WALTER L
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

Title: AT
Name: WOOD, STEVEN Q
Address: 601 CASA BELLA
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: ARLENE A BENTZ P 01/23/2012
Electronic Signature of Signing Officer or Director Date