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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01467** (2)
1. Corporation Name
HOSPICE OF LAKE AND SUMTER, INC.



Principal Place of Business Mailing Address
12300 LANE PARK RD TAVARES FL 32778-9660

3. Date Incorporated or Qualified **02/15/1984** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2330114** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**MCDANIEL, MARY
226 W. ALFRED ST
TAVARES FL 32778**

10. Name and Address of New Registered Agent
81 Name *Same as Current*
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	(PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDMAN, SCOTT	1.2 NAME	Roger Beyers
STREET ADDRESS	700 BOYLESTON STREET	1.3 STREET ADDRESS	1123 West Main St.
CITY-ST-ZIP	LEESBURG FL 32748	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Ann Dupee (S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, FRED	2.2 NAME	Ann Dupee (S)
STREET ADDRESS	P O BOX 491357 N/A	2.3 STREET ADDRESS	389 Division Street
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Scott Hindman (T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIDAY JR., ALFRED G.	3.2 NAME	Scott Hindman (T)
STREET ADDRESS	400 WEBSTER ST.	3.3 STREET ADDRESS	700 Boyleston Street
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Bill Binneveld (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SCIPIO, HELEN	4.2 NAME	Bill Binneveld (VP)
STREET ADDRESS	37405 OAKE LANE	4.3 STREET ADDRESS	P. O. Box 490047 1211 N. Blvd West
CITY-ST-ZIP	UMATILLA FL 34749	4.4 CITY-ST-ZIP	Leesburg, FL 34749-0047 34748
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Fred Morrison (Pres. Elect) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATROWICZ, CONNIE	5.2 NAME	Fred Morrison (Pres. Elect)
STREET ADDRESS	1700 COUNTRY CLUB ROAD	5.3 STREET ADDRESS	P. O. Box 491357 1000 W. Main Street
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	Leesburg, FL 34749-1357 34748
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Directors Roster appended to this form. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, R. E	6.2 NAME	Directors Roster appended to this form.
STREET ADDRESS	504 LEMON STREET	6.3 STREET ADDRESS	Directors Roster appended to this form.
CITY-ST-ZIP	EUSTIS FL	6.4 CITY-ST-ZIP	Directors Roster appended to this form.

14. I do 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: **Roger Beyers** *Roger A. Beyers* 2/28/97 352-343-1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014884

CR2E037 (9/96)

1997 - HOSPICE OF LAKE & SUMTER, INC. BOARD OF DIRECTORS

OPERATIONS

1. ROGER BEYERS (PRESIDENT)
2. FRED MORRISON (PRESIDENT ELECT)
3. WILLIAM BINNEVELD (VICE PRESIDENT)
4. ANN DUPEE (SECRETARY)
5. SCOTT HINDMAN (TREASURER)
6. TOM NEWMAN
7. ALTON ROANE
8. BEVERLY ROBINSON
9. ANDREA BURR
10. TIM SCOBIE
11. JOE HOLMES
12. WILLIAM TALLEY
13. STACY BERCKES
14. JIMMY THIGPEN
15. BUD BEUCHER
16. LOU ARASI

2/6/1997