2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N04000004306

Entity Name: HOSPICE CHARITIES, INC.

Current Principal Place of Business:

2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 20-1067037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASS, GARY A P,D
2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073 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, D	( ) Delete
Name:	BASS, GARY A	
Address:	71 COLLEGE DRIVE	
City-St-Zip:	ORANGE PARK, FL 32065 US	
Title:	D	(X) Delete
Name:	MADDOX, PAM	
Address:	527 MULBERRY DR	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
Title:	D	(X) Delete
Name:	FRAME, BOB	
Address:	527 MULBERRY DR	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
Title:	D	(X) Delete
Name:	SHUSTER, JUDY	
Address:	ASTOR ST #10	
City-St-Zip:	ORANGE PARK, FL 32073	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P, D	(X) Change ( ) Addition
Name:	BASS, GARY A	
Address:	2654 HOLLY POINT ROAD, EAST	
City-St-Zip:	ORANGE PARK, FL 32073 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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: GARY A BASS P.D 03/06/2007

Electronic Signature of Signing Officer or Director — Date