

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15463

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** HOSPICE OF OKEECHOBEE, INCORPORATED

**Current Principal Place of Business:**

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 59-2831397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CULBRETH, MARIE  
3550 441 S  
OKEECHOBEE, FL 34974 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: PD  
Name: IRBY, FRANK  
Address: 1385 SE 23RD STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D  
Name: CULBRETH, MARIE  
Address: PO BOX 848  
City-St-Zip: OKEECHOBEE, FL 34973 US

Title: SD  
Name: BULGER, DOROTHY  
Address: 503 SE 8TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: PAULSON, RANDY  
Address: 2386 SE 27TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD  
Name: SYFRETT, FRAN  
Address: 16505 NW 20TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: D  
Name: BLACKMAN, LISA  
Address: 4230 ROBERT LOOP RD  
City-St-Zip: STUART, FL 34997

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: FRANK IRBY

PD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date