

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24573 (0)
1. Corporation Name
HOSPICE OF CENTRAL FLORIDA FOUNDATION, INC.

Principal Place of Business Mailing Address
**2500 MAITLAND CENTER PKWY. #300
MAITLAND FL 32751-4267** **2500 MAITLAND CENTER PKWY. #300
MAITLAND FL 32751-4267**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1968	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2943384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent OGLE, LARRY 2500 MAITLAND CENTER PARKWAY, #300 MAITLAND FL 32751-4267				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME CARELLI, JOHN, J	1.1 TITLE CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 390 N. ORANGE AVENUE	CITY-ST-ZIP ORLANDO FL 32801	1.2 NAME RUFFIER, E. DANIEL	
		1.3 STREET ADDRESS 200 E. NEW ENGLAND WINTER PARK, FL 32789	
		1.4 CITY-ST-ZIP	
TITLE VD	NAME SENERFITT, NATALIE	2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 S. SUMMERLIN AVENUE	CITY-ST-ZIP ORLANDO FL	2.2 NAME PALA, GINO	
		2.3 STREET ADDRESS 2600 MAITLAND CNTR PKWY, STE. 200	
		2.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE SD	NAME RUFFIER, E. DANIEL	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 E. NEW ENGLAND WINTER PARK FL	CITY-ST-ZIP	3.2 NAME ROUSSMAN, NATALIE	
		3.3 STREET ADDRESS 2916 FITZTOOTH DRIVE	
		3.4 CITY-ST-ZIP WINTER PARK, FL 32792-4508	
TITLE TD	NAME CARELLI, JOHN J.	4.1 TITLE TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 390 N. ORANGE AVENUE	CITY-ST-ZIP ORLANDO FL 32801	4.2 NAME SNIVELY, STEPHEN W.	
		4.3 STREET ADDRESS TWO SOUTH ORANGE AVENUE	
		4.4 CITY-ST-ZIP ORLANDO, FL 32802	
TITLE D	NAME ARKIN, GORDON J.	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 111 N. ORANGE AVENUE	CITY-ST-ZIP ORLANDO FL	5.2 NAME ARKIN, GORDON J.	
		5.3 STREET ADDRESS 111 N. ORANGE AVENUE	
		5.4 CITY-ST-ZIP ORLANDO, FL 32802	
TITLE D	NAME AMIDON, WILLIAM R	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1431 CRESCENT LAKE DR.	CITY-ST-ZIP WINDERMERE FL 34786	6.2 NAME AMIDON, WILLIAM R.	
		6.3 STREET ADDRESS 1431 CRESCENT LAKE DRIVE	
		6.4 CITY-ST-ZIP WINDERMERE, FL 34786	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **E. DANIEL RUFFIER** *E. Daniel Ruffier* 3-31-95 407/740-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)