FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N95000000094 (1)

1. Corporation Name
WOMEN FOR HOSPICE, INC.

Principal Place of Business	Mailing Address
133 ~~129~~ WEST 5TH AVE. MOUNT DORA FL 32757	133 ~~129~~ WEST 5TH AVE. MOUNT DORA FL 32757

3. Date Incorporated or Qualified: 01/09/1995 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 133 W. 5th AVENUE	26 133 W. 5th AVENUE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MOUNT DORA FLORIDA	28 City & State: MOUNT DORA FLORIDA
24 Zip: 32757 25 Country: LAKE	29 Zip: 32757 30 Country: LAKE

4. FEI Number: 59-3106735 ☐ 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

9. Name and Address of Current Registered Agent

PEARSON, ERMYNE
133 ~~129~~ WEST 5TH AVE.
MOUNT DORA FL 32757

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 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: Ermyne Pearson 5/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEARSON, ERMYNE P.O. BOX 1463 (N/A) MT. DORA FL 32757	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D PEARSON, ERMYNE P.O. BOX 1741 (N/A) MT DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MACMILLAN, GENEVIEVE P.O. BOX 1463 (N/A) MT. DORA FL 32757	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V-D VICE PRES. - DIRECTOR MARJ CLEMENTS P.O. BOX ~~1463~~ 1741 (N/A) MT. DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WESTON, CLAIRE P.O. BOX 1463 (N/A) MT. DORA FL 32757	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S-D WESTON CLAIRE P.O. BOX 1741 (N/A) MT. DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLEMENTS, ~~MARGE~~ MARJ P.O. BOX 1463 (N/A) MT. DORA FL 32757	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T-D CLEMENTS, MARJ P.O. BOX 1741 (N/A) MT. DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	100001877031 -06/26/96--01130--003 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	6-26-96 JR	☐ Change ☐ Addition

CR2E037 (12/95)

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: [signature] MARJORIE CLEMENTS 5/1/96 352-383-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #