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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000094 (1)**
1. Corporation Name

WOMEN FOR HOSPICE, INC.

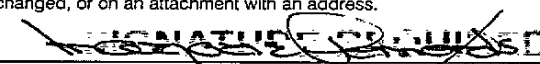


Principal Place of Business 133 WEST 5TH AVE. MOUNT DORA FL 32757		Mailing Address P O BOX 1741 MOUNT DORA FL 32757 US		3. Date Incorporated or Qualified 01/09/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3106735 Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent PEARSON, ERMVNE 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 85 Zip Code FL	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, ERMVNE P.O. BOX 1741 (N/A) MT. DORA FL 32757 ☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENS, MARJ P.O. BOX 1741 (N/A) MT. DORA FL 32757 ☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTON, CLAIRE P.O. BOX 1741 (N/A) MT. DORA FL 32757 ☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEMENS, MARJ P.O. BOX 1741 (N/A) MT. DORA FL 32757 ☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	☐ Change ☐ Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change ☐ Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change ☐ Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change ☐ Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change ☐ Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: 

1/14/98 (352)
383-7187

CR2E037 (10/97)