2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000094

1. Entity Name
WOMEN FOR HOSPICE, INC.

Principal Place of Business	Mailing Address
133 WEST 5TH AVE. MOUNT DORA, FL 32757	P O BOX 1741 MOUNT DORA, FL 32757 US

03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3106735
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ermyne Pearson 3/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BUSH, BRENDA J
STREET ADDRESS	P.O. BOX 1741
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	VD
NAME	CLEMENTS, MARJ
STREET ADDRESS	P.O. BOX 1741 (N/A)
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	SD
NAME	WESTON, CLAIRE
STREET ADDRESS	P.O. BOX 1741 (N/A)
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80030-020 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda J. Bush, Treasurer 3/15/05 352-383-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #