

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 133 WEST 5TH AVE. MOUNT DORA, FL 32757	Mailing Address P O BOX 1741 MOUNT DORA, FL 32757 US
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03142005 No Chg-NP CR2E037 (10/03)

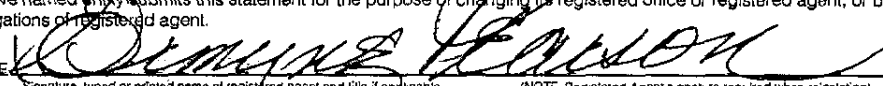
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4. FEI Number 59-3106735	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent PEARSON, ERMINE 129 WEST 5TH AVE. MOUNT DORA, FL 32757

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	TD BUSH, BRENDA J P.O. BOX 1741 MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, MARJ P.O. BOX 1741 (N/A) MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTON, CLAIRE P.O. BOX 1741 (N/A) MT. DORA, FL 32757
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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: <u>Brenda J. Bush, Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>3/15/05</u>	DAYTIME PHONE: <u>352-383-0112</u>
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