

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000094

FILED
Feb 12, 2009
Secretary of State

Entity Name: WOMEN FOR HOSPICE, INC.

Current Principal Place of Business:

133 WEST 5TH AVE.
MOUNT DORA, FL 32757

New Principal Place of Business:

315 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

Current Mailing Address:

P O BOX 1741
MOUNT DORA, FL 32757 US

New Mailing Address:

P O BOX 1741
MOUNT DORA, FL 32756 US

FEI Number: 59-3106735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, ERMVNE
815 N MCDONALD ST
OAK HILL, FL 32759 US

Name and Address of New Registered Agent:

PEARSON, ERMVNE
815 N MCDONALD ST
MOUNT DORA, FL 32757 US

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.

SIGNATURE:

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ROBERTS, SUZIE
Address: P.O. BOX 1741
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: CLEMENTS, MARJ
Address: P.O. BOX 1741 (N/A)
City-St-Zip: MT. DORA, FL 32757

Title: T () Delete
Name: BUSH, BRENDA J
Address: 100 S TREMAIN ST A-1
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ROBERTS, SUZIE
Address: P.O. BOX 1741
City-St-Zip: MOUNT DORA, FL 32756

Title: VD (X) Change () Addition
Name: CLEMENTS, MARJ
Address: P.O. BOX 1741 (N/A)
City-St-Zip: MT. DORA, FL 32756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA BUSH

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date