

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759968

FILED
Feb 01, 2011
Secretary of State

Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.

Current Principal Place of Business:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2128697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, J. ROBERT
9470 HEALTHPARK CIR
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BECKWITH, SAMIRA
Address: 9470 HEALTHPARK CIR
City-St-Zip: FT. MYERS, FL 33908

Title: CFO
Name: LAMPLEY, JILL
Address: 9470 HEALTHPARK CR
City-St-Zip: FORT MYERS, FL 33908

Title: C
Name: ACKERT, DICK
Address: 9330 TRIANA TERRACE
City-St-Zip: FORT MYERS, FL 33912

Title: VC
Name: HALVERSON, TIM
Address: 4544 CORONADO PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: VC
Name: IDELSON, CHARLES K
Address: 12800 UNIVERSITY DR., #125
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: ROBINSON, ALEXANDER
Address: 8060 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: J. ROBERT GRIFFIN

GC

02/01/2011

Electronic Signature of Signing Officer or Director

Date