2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
07-24-2006 90006 048 ****61.25

DOCUMENT # N99000003293

1. Entity Name
COMMUNITY HOSPICE OF NORTHEAST FLORIDA
FOUNDATION FOR CARING, INC.

Principal Place of Business	Mailing Address
4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	4266 SUNBEAM ROAD JACKSONVILLE, FL 32257

07132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3583920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JORDON, JANE
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name COLLINS, DEANN
Street Address (P.O. Box Number is Not Acceptable)
4266 SUNBEAM ROAD
City JACKSONVILLE **FL** Zip Code 32257

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PETWAY, THOMAS F PO DRAWER 10197 JACKSONVILLE, FL 32247	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LOGUE, John W. 2622 Oak Street Jacksonville, FL 32204	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESLER, DELORES 9700 PHILIPS HWY #101 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 ACOSTA-RUA, Fernando 2323 Oak Street Jacksonville, FL 32204	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OTTENSTOER, DUANE L 3683 CROWN POINT RD. JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, JANE 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R COLLINS, DEANN 4266 SUNBEAM Road Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONDER-STANSEL, SUSAN 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLBERG, LAWRENCE A JR 4500 SAN PABLO RAOD JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DeAnn J. Collins Executive Director 7/18/06 904.886.3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #