2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90059 029 ****61.25

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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

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
COLLINS, DEANN 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 LOGUE, JOHN W 2622 OAK ST JACKSONVILLE, FL 32204	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBBINS, KEVIN 500 WORLD COMMERCE PARKWAY ST. AUGUSTINE, FL 32092	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ACOSTA-RUA, FERNANDO 2323 OAK ST JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ACOSTA-RUA, FERNANDO 9191 R. G. SKINNER PARKWAY, #103 JACKSONVILLE, FL 32256	☑ 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	TD OTTENSTOER, DUANE L. 10739 DEERWOOD PARK BOULEVARD, SUITE 103 JACKSONVILLE, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, DEANN 4266 SUNBEAM RD JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	PCEC Susan Ponder-Stansel 4266 Sunbeam Road Jacksonville, FL 32257	☑ 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: Susan Ponder-Stansel 4-15-08 904-268-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #