2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2012
Secretary of State

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

Current Principal Place of Business:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3583920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, DEANN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257 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: CD
Name: ROBBINS, KEVIN
Address: 500 WORLD COMMERCE PARKWAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD
Name: MCGRIFF, JILL
Address: 148 COACH LAMP WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD
Name: WALKER, CRAIG
Address: 50 N. LAURA STREET, SUITE 3700
City-St-Zip: JACKSONVILLE, FL 32202

Title: PCEO
Name: PONDER-STANSEL, SUSAN
Address: 4266 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD
Name: DRIVER, RAY
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202

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: SUSAN PONDER-STANSEL PCEO 03/19/2012

Electronic Signature of Signing Officer or Director Date