2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90303 011 ****61.25

DOCUMENT # N99000003293

1. Entity Name
THE HOSPICE FOUNDATION FOR CARING, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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 POST OFFICE DRAWER ~~19197~~ JACKSONVILLE FL 32247	☐ Delete	Petway, Thomas F P.O. Drawer 10197 Jacksonville, Fl. 32247	☒ Change of ☐ Additio Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESLER, DELORES 9700 PHILIPS HWY #101 JACKSONVILLE FL 32256	☐ Delete		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OTTENSTOER, DUANE L 1301 RIVERPACE BLVD. SUITE 2340 JACKSONVILLE FL 32207	☐ Delete	Ottenstroer, Duane L. 3683 Crown Point Rd. Jacksonville, FL. 32257	☒ Change of ☐ Addit Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGUE, JACK 1800 BARRS STREET JACKSONVILLE FL 32204	☐ Delete	Logue, John W. 2622 Oak St. Jacksonville, Fl. 32204	☒ Change of ☐ Addit Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONDER-STANSEL, SUSAN 4266 SUNBEAM ROAD JACKSONVILLE FL 32257	☐ Delete		☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X TRUDY HARRIS Trudy Harris Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR