

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002722

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** COMPASSIONATE CARE HOSPICE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

11 INDEPENDENCE WAY  
NEWARK, DE 19713

**New Principal Place of Business:**

**Current Mailing Address:**

11 INDEPENDENCE WAY  
NEWARK, DE 19713

**New Mailing Address:**

**FEI Number:** 20-1035181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZAPPO, ROZIE  
2393 E.F. GRIFFIN RD.  
BARTOW, FL 33830 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:** P  
**Name:** GREY, JUDITH  
**Address:** 7 DEER RUN  
**City-St-Zip:** ROCKAWAY, NJ 97866

**Title:** V  
**Name:** HORNUNG, THOMAS J  
**Address:** 900 PHILADELPHIA PIKE  
**City-St-Zip:** WILMINGTON, DE 19809

**Title:** TREA  
**Name:** HEILAND, PATRICIA A  
**Address:** 1513 CEDAR CLIFF DR., SUITE 100  
**City-St-Zip:** CAMP HILL, PA 17011

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:** ROZIE ZAPPO

**DIRE**

**01/03/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date