

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759968

**FILED
Jan 10, 2017
Secretary of State
CC5594902303**

Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.

Current Principal Place of Business:

9470 HEALTHPARK CIR.
FORT MYERS, FL 33908

Current Mailing Address:

9470 HEALTHPARK CIR.
FORT MYERS, FL 33908 US

FEI Number: 59-2128697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIFFIN, J. ROBERT
9470 HEALTHPARK CIR
FORT MYERS, FL 33908 US

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

Officer/Director Detail :

Title PRES
Name BECKWITH, SAMIRA K
Address 9470 HEALTHPARK CIR
City-State-Zip: FORT MYERS FL 33908

Title CFO
Name LAMPLEY, JILL
Address 9470 HEALTHPARK CR
City-State-Zip: FORT MYERS FL 33908

Title CHAIR
Name TURBEVILLE, BO
Address 6411 ARC WAY
City-State-Zip: FORT MYERS FL 33966

Title VICE CHAIR
Name NICHOLS, JERRY F.
Address 1421 PINE RIDGE ROAD
 SUITE 200
City-State-Zip: NAPLES FL 34109

Title SEC.
Name ACKERT, RICHARD C
Address 9330 TRIANA TERRACE, #1
City-State-Zip: FORT MYERS FL 33912

Title TR.
Name IDELSON, CHARLES
Address 5426 RED CEDAR DRIVE, SUITE 101
City-State-Zip: FORT MYERS FL 33907

Title PAST CHAIR
Name ROBINSON, ALEXANDER
Address 27830 RIVERWALK WAY
City-State-Zip: BONITA SPRINGS FL 34134

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: SAMIRA BECKWITH

PRESIDENT

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date