

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759968

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

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

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

Title            SECRETARY  
Name            STILWELL YOUNGQUIST, SANDRA  
Address        1206 BAY DRIVE  
City-State-Zip: CAPTIVA ISLAND FL 33924

Title            VICE CHAIR  
Name            MCCANN, WEST  
Address        2460 PALM RIDGE ROAD  
City-State-Zip: SANIBEL FL 33957

*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 AND CEO**

**01/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date