

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759968

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC2900728379**

**Entity Name:** HOPE HOSPICE AND COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

9470 HEALTHPARK CIR.  
FT MYERS, FL 33908

**Current Mailing Address:**

9470 HEALTHPARK CIR.  
FT MYERS, FL 33908 US

**FEI Number:** 59-2128697

**Certificate of Status Desired:** Yes

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

GRIFFIN, J. ROBERT  
9470 HEALTHPARK CIR  
FT. 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	Title	CFO
Name	BECKWITH, SAMIRA K	Name	LAMPLEY, JILL
Address	9470 HEALTHPARK CIR	Address	9470 HEALTHPARK CR
City-State-Zip:	FT. MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908
Title	C	Title	VC
Name	ROBINSON, ALEXANDER	Name	TURBEVILLE, BO
Address	7960 SUMMERLIN LAKES DRIVE	Address	6261 ARC WAY
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33966
Title	SEC.	Title	TR.
Name	ACKERT, RICHARD C	Name	IDELSON, CHARLES
Address	9330 TRIANA TERRACE, #1	Address	12800 UNIVERSITY DRIVE
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33907

*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/CEO**

**01/15/2014**

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

\_\_\_\_\_  
Date