

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760881

Entity Name: HOSPICE OF MARION COUNTY, INC.

Current Principal Place of Business:

3231 SW 34TH AVE
OCALA, FL 34474

Current Mailing Address:

PO BOX 4860
OCALA, FL 34478-4860 US

FEI Number: 59-2214796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOURNE, RICHARD E
3231 SW 34TH AVENUE
OCALA, FL 34474 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: RICHARD BOURNE

02/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name BOURNE, RICHARD E
Address 3231 SW 34TH AVENUE
City-State-Zip: Ocala FL 34474

Title CFO
Name BEECHER, KATHRYN A
Address 3231 SW 34TH AVE
City-State-Zip: Ocala FL 34474

Title PAST CHAIRMAN
Name HOLDER, DIANA
Address 1635 SW 1ST AVE
City-State-Zip: Ocala FL 34471

Title TREASURER
Name HILTY, JAMES SR.
Address 1906 SE CLATTERBRIDGE RD.
City-State-Zip: Ocala FL 34471

Title SECRETARY
Name BROWN, CONNIE
Address 4040 SE 3RD ST
City-State-Zip: Ocala FL 34471

Title CHAIRMAN
Name HOLLOSI, STEVE
Address 2816 N. PINE AVE.
City-State-Zip: Ocala FL 34475

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: RICHARD BOURNE

CEO

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date