2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2018
Secretary of State
CC3230507304

DOCUMENT# N99000003293

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA FOUNDATION FOR CARING, INC.

Current Principal Place of Business:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

FEI Number: 59-3583920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257 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: SUSAN PONDER-STANSEL 01/26/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CD
Name	DRIVER, RAY
Address	ONE INDEPENDENT DR STE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	VD
Name	RUBLE, MICHAEL
Address	50 N LAURA ST SUITE 3200
City-State-Zip:	JACKSONVILLE FL 32202

Title	TD
Name	OSBORNE, JASON W
Address	14000 CITY CARDS WAY
City-State-Zip:	JACKSONVILLE FL 32258

Title	SD
Name	WISE, LISHA
Address	135 PONTE VEDRA BLVD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	PCEO
Name	PONDER-STANSEL, SUSAN
Address	4266 SUNBEAM ROAD
City-State-Zip:	JACKSONVILLE FL 32257

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: SUSAN PONDER-STANSEL PRESIDENT & CEO 01/26/2018

Electronic Signature of Signing Officer/Director Detail — Date