

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002722

**Entity Name:** THE COMPASSIONATE CARE HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

248 EAST CHESTNUT HILL ROAD  
SUITE 4  
NEWARK, DE 19713

**Current Mailing Address:**

248 EAST CHESTNUT HILL ROAD  
SUITE 4  
NEWARK, DE 19713

**FEI Number:** 20-1035181

**Certificate of Status Desired:** No

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

ARD, SHIRLEY & RUDOLPH, P.A.  
207 WEST PARK AVE.  
SUITE B  
TALLAHASSEE, FL 32301 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           TREASURER  
Name           GREY, JUDITH  
Address        7 DEER RUN ROCKAWAY  
City-State-Zip: ROCKAWAY NJ 07866

Title           PRESIDENT  
Name           HORNUNG, THOMAS J  
Address        900 PHILADELPHIA PIKE  
City-State-Zip: WILMINGTON DE 19809

Title           SECRETARY  
Name           HEILAND, PATRICIA A  
Address        150 LEONARD LANE  
City-State-Zip: HARRISBURG PA 17111

Title           VP  
Name           ALBERT, CHARLENE  
Address        36 RANDOLPH LANE  
City-State-Zip: SICKLERVILLE NJ 08081

*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:** THOMAS J. HORNUNG

**PRESIDENT**

**03/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date