### 2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002722

Entity Name: COMPASSIONATE CARE HOSPICE FOUNDATION,

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**INCORPORATED** 

### **Current Principal Place of Business:**

11 INDEPENDENCE WAY NEWARK, DE 19713

# **Current Mailing Address:**

11 INDEPENDENCE WAY NEWARK, DE 19713

FEI Number: 20-1035181 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ZAPPO, ROZIE 2393 E.F. GRIFFIN RD. BARTOW, FL 33830 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

FILED Jan 09, 2013

**Secretary of State** 

CC4851068296

## Officer/Director Detail:

Title P Title V

NameGREY, JUDITHNameHORNUNG, THOMAS JAddress7 DEER RUNAddress900 PHILADELPHIA PIKECity-State-Zip:ROCKAWAY NJ 97866City-State-Zip:WILMINGTON DE 19809

Title TREA

Name HEILAND, PATRICIA A

Address 1513 CEDAR CLIFF DR., SUITE 100

City-State-Zip: CAMP HILL PA 17011

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: JUDITH GREY

Electronic Signature of Signing Officer/Director Detail

**BOARD PRESIDENT** 

01/09/2013

Date