

2018 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, DIRECTOR
Name GREY, JUDITH
Address 7 DEER RUN ROCKAWAY
City-State-Zip: ROCKAWAY NJ 07866

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

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

Title VP, DIRECTOR
Name ALBERT, CHARLENE
Address 12 COACHLIGHT DR.
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, DIRECTOR

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date