

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739288 (9)

1. Corporation Name

THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

Principal Place of Business

**300 EAST BAY DRIVE
LARGO FL 34640**

Mailing Address

**300 EAST BAY DRIVE
LARGO FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1744006

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CD
HOWE, BARRY R. REV.
140 4TH STREET, NORTH
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LABYAK, MARY
300 EAST BAY DR
LARGO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
DAVIDSON, THOMAS
2823 JETTON AVENUE
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GORDON, SEYMOUR, A
153 CENTRAL AVE
ST PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BURNS, SISTER KAREN
631 11TH ST. NO. (ST. ANTHONY'S CONVENT)
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
ETTEN, MARY JEAN
7024 HIBISCUS AVE SO
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Mary J. Labyak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY J. LABYAK, PRESIDENT

(813) 586-4432

Apr. 20, 1995

Date

(Optional Filing #)