

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 745062 (0)**

1. Corporation Name

**HOSPICE OF NORTHEAST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**THE EARL B. HADLOW CENTER FOR CARING  
4266 SUNBEAM RD.  
JACKSONVILLE FL 32257**

**THE EARL B. HADLOW CENTER FOR CARING  
4266 SUNBEAM RD.  
JACKSONVILLE FL 32257**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/27/1978**

3a. Date of Last Report  
**02/13/1995**

4. FEI Number

**59-1940256**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**PONDER-STANSEL, SUSAN  
ONE PRUDENTIAL PLAZA  
841 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207-5331**

81 Name

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

**4266 Sunbeam Road**

83

84 City

**Jacksonville,**

**FL**

85

Zip Code

**32257**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **RYAN, BILL**  
STREET ADDRESS **3000-8 HARTLEY RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME **McGovern, Patrick**  
1.3 STREET ADDRESS **293 Ridgeline Court**  
1.4 CITY-ST-ZIP **Orange Park, FL**

TITLE **SD** ☒ DELETE  
NAME **ALEXANDER, BOV**  
STREET ADDRESS **655 W EIGHTH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **Mallett, Ron**  
2.3 STREET ADDRESS **4505 Marquette Ave.**  
2.4 CITY-ST-ZIP **Jacksonville, FL**

TITLE **VD** ☒ DELETE  
NAME **O'REILLY, JAMES**  
STREET ADDRESS **6440 ATLANTIC BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Nash, Jackie**  
3.3 STREET ADDRESS **3025 Altamont Ave E.**  
3.4 CITY-ST-ZIP **Jacksonville, FL**

TITLE **TD** ☐ DELETE  
NAME **MCGOVERN, PATRICK**  
STREET ADDRESS **293 RIDGELINE CT.**  
CITY-ST-ZIP **ORANGE PARK FL**

4.1 TITLE **TD** ☐ Change ☒ Addition  
4.2 NAME **Maige, Robert**  
4.3 STREET ADDRESS **4500 Salisbury Road**  
4.4 CITY-ST-ZIP **Jacksonville, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)