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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32257-6000

3. Date Incorporated or Qualified
11/27/1978

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1940256

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE FL 32257

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 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 CD Change Addition
1.2 NAME O'Reilly, Jim
1.3 STREET ADDRESS 6440 Atlantic Blvd
1.4 CITY-ST-ZIP Jacksonville FL 32211

TITLE VD DELETE
NAME MCGOVERN, PATRICK
STREET ADDRESS 283 RIDGELINE CT
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MALLET, RON
STREET ADDRESS 4505 MARQUETTE AVE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME MAIGE, ROBERT
STREET ADDRESS 4500 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE TD Change Addition
4.2 NAME Schweitzer, Bob
4.3 STREET ADDRESS P.O. BOX 990
4.4 CITY-ST-ZIP Jacksonville FL 32231

TITLE SD DELETE
NAME NASH, JACKIE
STREET ADDRESS 3025 ALTAMONT AVE E
CITY-ST-ZIP JACKSONVILLE FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan Ponder-Stansel

4-22-97 904/268-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (if necessary)

CR2E037 (9/96)