


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **745062** (0)

1. Corporation Name

**HOSPICE OF NORTHEAST FLORIDA, INC.**

|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| <b>THE EARL B. HADLOW CENTER FOR CARING<br/>4266 SUNBEAM RD.<br/>JACKSONVILLE FL 32257</b> | <b>THE EARL B. HADLOW CENTER FOR CARING<br/>4266 SUNBEAM RD.<br/>JACKSONVILLE FL 32257</b> |

3. Date Incorporated or Qualified

**11/27/1978**

4. FEI Number

**59-1940256**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

*Susan Ponder-Stansel*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-9-98**

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>CD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>O'REILLY, JIM</b>       |                                 |
| STREET ADDRESS | <b>8440 ATLANTIC BLVD.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>     |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>VD</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>MCGOVERN, PATRICK</b> |                                 |
| STREET ADDRESS | <b>293 RIDGELINE CT</b>  |                                 |
| CITY-ST-ZIP    | <b>ORANGE PARK FL</b>    |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>VD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>MALLETT, RON</b>       |                                 |
| STREET ADDRESS | <b>4505 MARQUETTE AVE</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>    |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>TD</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHWEITZER, BOB</b>  |                                 |
| STREET ADDRESS | <b>P.O. BOX 990 N/A</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>  |                                 |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>SD</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>NASH, JACKIE</b>        |  |
| STREET ADDRESS | <b>3025 ALTAMONT AVE E</b> |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>     |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | <b>CD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>JIM O'REILLY</b>           |  |
| 1.3 STREET ADDRESS | <b>13747 HOPE SOUND COURT</b> |  |
| 1.4 CITY-ST-ZIP    | <b>JACKSONVILLE FL 32225</b>  |  |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                    |                                  |  |
|--------------------|----------------------------------|--|
| 3.1 TITLE          | <b>VD</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>RON MALLETT</b>               |  |
| 3.3 STREET ADDRESS | <b>2716 VICTORIAN OAKS DRIVE</b> |  |
| 3.4 CITY-ST-ZIP    | <b>JACKSONVILLE FL 32223</b>     |  |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |                              |  |
|--------------------|------------------------------|--|
| 5.1 TITLE          | <b>SD</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>JOY KORMAN</b>            |  |
| 5.3 STREET ADDRESS | <b>6784 Linford Lane</b>     |  |
| 5.4 CITY-ST-ZIP    | <b>JACKSONVILLE FL 32217</b> |  |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

14. I 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:

*J. O'Reilly*

**2/12/98 30-2540**

CP25037 (10/97)