

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 745062

1. Entity Name
COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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



01142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1940256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FREEMAN, LARRY J
STREET ADDRESS	800 PRUDENTIAL DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	BURKHART, JAMES R
STREET ADDRESS	655 WEST 8TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	MCGOVERN, PAT
STREET ADDRESS	293 RIDGELINE COURT
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	CD
NAME	SOLBERG, LAWRENCE A JR MD
STREET ADDRESS	4500 SAN PABLO
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	ARIAS, HONOR ROBERTO A
STREET ADDRESS	330 EAST BAY ST. ROOM 324
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PCEO
NAME	PONDER-STANSEL, SUSAN
STREET ADDRESS	4266 SUNBEAM ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257

U000000289152
04/06/05-80015-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

904/596-6363

Daytime Phone #