

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745062

FILED
Mar 16, 2009
Secretary of State

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257

Current Mailing Address:

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

New Mailing Address:

COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257

FEI Number: 59-1940256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FREEMAN, LARRY J
Address: 800 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: BURKHART, JAMES R
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCD () Delete
Name: CAIRNS, SCOTT S
Address: 50 NORTH LAURA STREET STE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: CD () Delete
Name: SOLBERG, LAWRENCE A JR MD
Address: 4500 SAN PABLO
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: LEWIS, GENE
Address: 5307 FLEET LANDING BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PCEO () Delete
Name: PONDER-STANSEL, SUSAN
Address: 4266 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MITRICK, JOE
Address: 800 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILTON, TEALA
Address: 21 W. CHURCH ST., T-16
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PONDER-STANSEL

PCEO

03/16/2009

Electronic Signature of Signing Officer or Director

Date