

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745062

FILED
Mar 08, 2010
Secretary of State

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: MITRICK, JOE
Address: 800 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: TD
Name: LOGUE, JOHN W
Address: 1878 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD
Name: CONE, BARBARA
Address: 207 INLET DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN PONDER-STANSEL

PCEO

03/08/2010

Electronic Signature of Signing Officer or Director

Date