

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747179 (0)

1. Corporation Name

HOSPICE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**6055 RAND BLVD.
SARASOTA FL 34238**

Mailing Address

**6055 RAND BLVD.
SARASOTA FL 34238**

3. Date Incorporated or Qualified
05/15/1979

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1911861

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAHLGREN, WARD E. (ESQUIRE)
1750 RINGLING BLVD.
SARASOTA FL 33577**

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 **CLAFIN, WILLIAM J JR.**
STREET ADDRESS **411 LYCHEE RD.**
CITY-ST-ZIP **NOKOMIS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VCD** ☐ DELETE
NAME **WHITESEL, PATTY L**
STREET ADDRESS **449 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL**

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

TITLE **SD** ☒ DELETE
NAME **STRAUB, JEAN S**
STREET ADDRESS **555 S. GULFSTREAM AVE., ROYAL ST. ANDREW**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **PEGGY M. DAY**
3.4 CITY-ST-ZIP **5531 RAVENWOOD DR.
SARASOTA, FL 34243**

TITLE **TD** ☐ DELETE
NAME **HOLWAY, FLOYD**
STREET ADDRESS **6404 MANATEE AVENUE, WEST**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **HARVEY, BONNIE E**
STREET ADDRESS **7008 MADONNA PL**
CITY-ST-ZIP **SARASOTA 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bonnie E. Harvey*

BONNIE E. HARVEY

3/28/96

941/923-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)