

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759968

FILED
Apr 11, 2012
Secretary of State

Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.

Current Principal Place of Business:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9470 HEALTHPARK CIR.
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2128697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, J. ROBERT
9470 HEALTHPARK CIR
FT. MYERS, FL 33908 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: PRES
Name: BECKWITH, SAMIRA K
Address: 9470 HEALTHPARK CIR
City-St-Zip: FT. MYERS, FL 33908

Title: CFO
Name: LAMPLEY, JILL
Address: 9470 HEALTHPARK CR
City-St-Zip: FORT MYERS, FL 33908

Title: C
Name: HALVERSON, TIM REV.
Address: 4544 CORONADO PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: VC
Name: ROBINSON, SANDY
Address: 7960 SUMMERLIN LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: SEC.
Name: KIRBY, LYNN
Address: 1406 SW 46TH LANE, UNIT 4
City-St-Zip: CAPE CORAL, FL 33904

Title: TR.
Name: TURBEVILLE, BO
Address: 6261 ARC WAY
City-St-Zip: FORT MYERS, FL 33966

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: J. ROBERT GRIFFIN

CLC

04/11/2012

Electronic Signature of Signing Officer or Director

Date