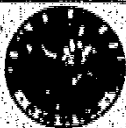


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766348 (7)

1. Corporation Name

**THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST,
INC.**

Principal Place of Business

Mailing Address

300 EAST BAY DR.
LARGO FL 34640

300 EAST BAY DR.
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2252045

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

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

LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LABYAK, MARY
STREET ADDRESS	300 EAST BAY DR
CITY - ST - ZIP	LARGO FL
TITLE	CD
NAME	ALLEN, VERNON
STREET ADDRESS	2736 TIMBERLINE COURT
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	WOLFE, PEGGY
STREET ADDRESS	4904 MILANO COURT
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	WOLVERTON, BONNIE
STREET ADDRESS	220 DRIFTWOOD RD., S.E.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BURNS, SISTER KAREN
STREET ADDRESS	11300-4TH ST. N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	CD
NAME	WHARRIE, ROBERT
STREET ADDRESS	695 CENTRAL AVE.
CITY - ST - ZIP	ST. PETERSBURG FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	Joseph J. Sorota, Jr.
5.3 STREET ADDRESS	28100 US Hwy 19 N. - #504
5.4 CITY - ST - ZIP	Clearwater, FL 34621
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 110.07(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 a 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, changed, or on an attachment with the address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

(813) 596-4432

Apr. 20, 1995

Date

Daytime Phone #

MARY J. LABYAK, PRESIDENT

000000