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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766348 (7)

1. Corporation Name

THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST,
INC.

Principal Place of Business

300 EAST BAY DR.
LARGO FL 34640

Mailing Address

300 EAST BAY DR.
LARGO FL 33770-3716



3. Date Incorporated or Qualified
12/29/1982

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2252045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 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 D ☐ DELETE
NAME LABYAK, MARY
STREET ADDRESS 300 EAST BAY DR
CITY-ST-ZIP LARGO FL

TITLE CD ☒ DELETE
NAME ALLEN, VERNON
STREET ADDRESS 2736 TIMBERLINE COURT
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE
NAME WOLFE, PEGGY
STREET ADDRESS 4904 MILANO COURT
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ DELETE
NAME WOLVERTON, BONNIE
STREET ADDRESS 220 DRIFTWOOD RD., S.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME SOROTA, JOSEPH J JR
STREET ADDRESS 28100 US HWY 19 N. - #504
CITY-ST-ZIP CLEARWATER FL

TITLE CD ☒ DELETE
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 CD ☒ Change ☐ Addition
2.2 NAME Kelli H. Crabb
2.3 STREET ADDRESS 600 Apalachee Drive NE
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Thomas C. Lokey
4.3 STREET ADDRESS 520 Ponce De Leon Blvd.
4.4 CITY-ST-ZIP Belleair, FL 34616

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Paul H. Adair
6.3 STREET ADDRESS 113 Windward Island - Dunedin Bldg.
6.4 CITY-ST-ZIP Clearwater, FL 34630

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

813-586-4432

Date

Daytime Phone # 0049583

CR2E037 (9/96)