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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34640**



3. Date Incorporated or Qualified

12/29/1982

4. FEI Number

59-2252045

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33770

29 33770

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	LABYAK, MARY	300 EAST BAY DR	LARGO FL	<input type="checkbox"/>
CD	CRABB, KELLI H.	600 APALACHEE DRIVE NE	ST PETERSBURG FL	<input type="checkbox"/>
SD	WOLFE, PEGGY	4904 MILANO COURT	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
D	LOKEY, THOMAS C.	520 PONCE DE LEON BLVD.	BELLEAIR FL	<input checked="" type="checkbox"/>
D	SOROTA, JOSEPH J JR	28100 US HWY 19 N. - #504	CLEARWATER FL	<input type="checkbox"/>
D	ADAIR, PAUL H.	113 WINDWARD ISLAND - DUNEDIN BLDG	CLEARWATER FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P				<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>
D	KIRKMAN, ELIZABETH	14091 STARBOARD DRIVE	SEMINOLE, FL 34646	<input checked="" type="checkbox"/>
D	ALLEN, VERNON	2736 TIMBERLINE COURT	CLEARWATER, FL 34621	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>

14. I 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

Feb. 2, 1998 (813) 586-4432

Date Daytime Phone # 0053608

CR2E037 (10/97)