

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90060 020 ****70.00

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1. Corporation Name

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

Principal Place of Business

300 EAST BAY DR.
LARGO FL 33770
US

Mailing Address

300 EAST BAY DR.
LARGO FL 33770
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/29/1982

4. FEI Number

59-2252045

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XIX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640

10. Name and Address of New Registered Agent

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 617.0508, Florida Statutes.

SIGNATURE Mary J. Labyak, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME CD
STREET ADDRESS CRABB, KELLI H.
CITY-ST-ZIP 600 APALACHEE DRIVE NE
ST PETERSBURG FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS KIRKMAN, ELIZABETH
CITY-ST-ZIP 14091 STARBOARD DRIVE
SEMINOLE FL 34646

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALLEN, VERNON
CITY-ST-ZIP 2736 TIMBERLINE COURT
CLEARWATER FL 34621

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS ADAIR, PAUL H.
CITY-ST-ZIP 113 WINDWARD ISLAND - DUNEDIN BLDG
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 D
2.3 STREET ADDRESS Crabb, Kelli H.
2.4 CITY-ST-ZIP same

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 CD
5.3 STREET ADDRESS Sorota, Joseph J. Jr.
5.4 CITY-ST-ZIP same

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Mary J. Labyak, President 2/22/99 727-588-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)