

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766348

FILED
Jan 16, 2004
Secretary of State**Entity Name:** THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC.**Current Principal Place of Business:**300 EAST BAY DR.
LARGO, FL 33770 US**New Principal Place of Business:****Current Mailing Address:**300 EAST BAY DR.
LARGO, FL 33770 US**New Mailing Address:****FEI Number:** 59-2252045**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LABYAK, MARY
300 EAST BAY DR
LARGO, FL 34640**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: P () Delete
Name: LABYAK, MARY,
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL

Title: D () Delete
Name: TREPANI, JOSEPH B
Address: TECH DATA CORP 5530 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: KNOWLES, ELIZABETH J
Address: 1307 41ST AVENUE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: WHARRIE, ROBERT ESQ.
Address: 5503 38TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: CD () Delete
Name: WALKER, THOMAS
Address: 16355 REDINGTON DRIVE
City-St-Zip: REDINGTON BEACH, FL 33708

Title: D/AS () Delete
Name: BELL, MICHAEL L
Address: 300 EAST BAY DRIVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY J. LABYAK

P

01/16/2004

Electronic Signature of Signing Officer or Director

Date