

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005028

FILED
Apr 17, 2008
Secretary of State

Entity Name: HOSPICE AND PALLIATIVE NURSES FOUNDATION INC.

Current Principal Place of Business:

ONE PENN CENTER WEST SUITE 229
PITTSBURGH, PA 152760100

New Principal Place of Business:

Current Mailing Address:

ONE PENN CENTER WEST SUITE 229
PITTSBURGH, PA 152760100

New Mailing Address:

FEI Number: 25-1813944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: ED () Delete
Name: LENTZ, JUDY
Address: ONE PENN CENTER WEST SUITE 229
City-St-Zip: PITTSBURGH, PA 152760100

Title: P () Delete
Name: PITERAK, ELIZABETH
Address: 300 E 185TH STREET
City-St-Zip: CLEVELAND, OH 44119

Title: VP () Delete
Name: KIRSCHLING, JANE MARIE
Address: 315 COLLEGE OF NURSING BLDG
City-St-Zip: LEXINGTON, KY 405360232

Title: ST () Delete
Name: MILLER, BARBARA
Address: 114 WINDRIDGE DR
City-St-Zip: LAGRANGE, GA 30240

Title: D () Delete
Name: POLETO, MOLLY
Address: ONE EMPIRE DRIVE
City-St-Zip: RENSSELAER, NY 12144

Title: D () Delete
Name: MABEE, HEATHER ANN
Address: 4 LIBERTY DRIVE
City-St-Zip: SARATOGA SPRINGS, NY 12866

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:

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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 exemption stated in Chapter 119, 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: JUDITH LENTZ

CEO

04/17/2008

Electronic Signature of Signing Officer or Director

Date