FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005309 (0)**

1. Corporation Name
FOUNDATION FOR HOSPICE AND HOMECARE INCORPORATED

Principal Place of Business	Mailing Address
513 C STREET. NE WASHINGTON DC 20002	513 C STREET. NE WASHINGTON DC 20002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/22/1993**
3a. Date of Last Report: **05/27/1994**
4. FEI Number: **23-7425651** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
LAWING, ANGELA 543 W. HARVARD STREET ORLANDO FL 32801	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	WORTLEY, DON	12 NAME	
STREET ADDRESS	136 SOUTH STATE STREET, 10TH FL.	13 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	14 CITY-ST-ZIP	
TITLE	CS	21 TITLE	☐ Change ☐ Addition
NAME	CUSHMAN, MARGARET	22 NAME	
STREET ADDRESS	170-B BRITTANY FARMS RD.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW BRITAIN CT 06053	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	SUTHER, MARY	32 NAME	
STREET ADDRESS	1440 W. MOCKINGBIRD LANE	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75247-4929	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DEVECCHI, BETSY T	42 NAME	
STREET ADDRESS	131 EAST 69TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	HALAMANDARIS, BILL	52 NAME	
STREET ADDRESS	519 C ST., NE STANTON PARK	53 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20002	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	STEELE, KNIGHT MD	62 NAME	
STREET ADDRESS	519 C ST., NE	63 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20002	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____, Bill Halamandaris, President 202-547-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073827