

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005309 (0)

1. Corporation Name

FOUNDATION FOR HOSPICE AND HOMECARE INCORPORATED



Principal Place of Business

513 C STREET, NE
WASHINGTON DC 20002

Mailing Address

513 C STREET, NE
WASHINGTON DC 20002

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7425651

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

24

25

Country

29

Zip

30

Country

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME WORTLEY, DON
STREET ADDRESS 36 SOUTH STATE STREET, 10TH FL.
CITY-ST-ZIP SALT LAKE CITY UT 84111 ☒ DELETE

1.1 TITLE S
1.2 NAME Constant, Ruth
1.3 STREET ADDRESS 1501 Mockingbird Lane, Suite 404
1.4 CITY-ST-ZIP Victoria, TX 77901 ☐ Change ☒ Addition

TITLE CS
NAME CUSHMAN, MARGARET
STREET ADDRESS 170-B BRITTANY FARMS RD.
CITY-ST-ZIP NEW BRITAIN CT 06053 ☐ DELETE

2.1 TITLE Chairman
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DT
NAME SUTHER, MARY
STREET ADDRESS 1440 W. MOCKINGBIRD LANE
CITY-ST-ZIP DALLAS TX 75247-4929 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DEVECCHI, BETSY T
STREET ADDRESS 131 EAST 69TH ST.
CITY-ST-ZIP NEW YORK NY 10022 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME HALAMANDARIS, BILL
STREET ADDRESS 519 C ST., NE STANTON PARK
CITY-ST-ZIP WASHINGTON DC 20002 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME STEELE, KNIGHT MD
STREET ADDRESS 519 C ST., NE
CITY-ST-ZIP WASHINGTON DC 20002 ☒ DELETE

6.1 TITLE D
6.2 NAME Hinick, Karen Ann
6.3 STREET ADDRESS 25 West Front St.
6.4 CITY-ST-ZIP Butte, NP 59701 ☐ Change ☒ Addition

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)(k), 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

Bill Halamandaris, President 4/30/96

202-547-6586

Date

Daytime Phone #

CR2E037 (12/95)