2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# N05000011576

Entity Name: HOSPICE OF PALM BEACH COUNTY FOUNDATION, INC.

Current Principal Place of Business:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-3974070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DONNELL, MICHELE
5300 EAST AVENUE
WEST PALM BEACH, FL 33407 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: P
Name: LEACH, GREG
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: CALCOTE, RICHARD
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: C
Name: STAYMAN, HAL
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CE
Name: CALLAHAN, RICHARD
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T
Name: QUICK, THOMAS
Address: 230 S. COUNTY RD, STE C
City-St-Zip: PALM BEACH, FL 33480

Title: S
Name: BACINICH, MARIA
Address: 1048 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: RICHARD CALCOTE CFO 01/14/2010
Electronic Signature of Signing Officer or Director Date