2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

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

Title: CE
Name: GRANGER, W. OSHEA
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TRES
Name: QUINN, WILLIAM
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SEC
Name: QUICK, THOMAS
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

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 F. CALCOTE CFO 04/06/2012

Electronic Signature of Signing Officer or Director Date