

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001048

FILED
Apr 27, 2011
Secretary of State

Entity Name: HOSPICE OF THE COMFORTER FOUNDATION, INC.

Current Principal Place of Business:

480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

480 W CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AVERY, WILLIAM
480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WILSON, ROBERT G
480 W CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714 US

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: ROBERT G. WILSON

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WILSON, ROBERT G
Address: 1119 GOLDEN CYPRESS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: SHEPPARD, FRANK
Address: 1647 JOELINE CT
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: WATSON, ROBERT J
Address: 6776 SYLVAN WOODS DRIVE
City-St-Zip: SANFORD, FL 32771

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: ROBERT G. WILSON

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date