

# 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 # N18309 (7)**

1. Corporation Name

**HOSPICE FOUNDATION OF NAPLES, INC.**



Principal Place of Business

**1095 WHIPPOORWILL LANE  
NAPLES FL 33999  
US**

Mailing Address

**1095 WHIPPOORWILL LANE  
NAPLES FL 33999  
US**

3. Date Incorporated or Qualified  
**12/17/1986**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2756938**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

Country

29

30

Country

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

**COX, DIANE S.  
1095 WHIPPOORWILL LANE  
NAPLES FL 33999**

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

TITLE ☒ DELETE

**P  
NAME PARRY, CHARLES W  
STREET ADDRESS 704 TAMARIND CT.  
CITY-ST-ZIP NAPLES FL 33963**

TITLE ☒ DELETE

**S  
NAME WEHRLE, ROBERT  
STREET ADDRESS 3401 GULF SHORE BLVD. N.  
CITY-ST-ZIP NAPLES FL 33940**

TITLE ☒ DELETE

**TD  
NAME WEHRLE, ROBERT  
STREET ADDRESS 3401 GULF SHORE BLVD 603  
CITY-ST-ZIP NAPLES FL**

TITLE ☐ DELETE

**D  
NAME MARTIN, JAMES L.  
STREET ADDRESS 975 6TH AVE S.  
CITY-ST-ZIP NAPLES FL**

TITLE ☐ DELETE

**ED  
NAME COX, DIANE S.  
STREET ADDRESS 1095 WHIPPOORWHILL LANE  
CITY-ST-ZIP NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

**Y  
F. DANIEL WILDER  
12 NAME 42 GOLF COTTAGE DRIVE  
13 STREET ADDRESS NAPLES, FL 33999  
14 CITY-ST-ZIP**

21 TITLE ☐ Change ☒ Addition

**T  
DONALD L. BERRY  
22 NAME 801 LAUREL OAK DR., STE 301  
23 STREET ADDRESS NAPLES, FL 33963  
24 CITY-ST-ZIP**

31 TITLE ☐ Change ☒ Addition

**D  
PHILIP W. COLE  
32 NAME 1400 GULF SHORE BLVD N  
33 STREET ADDRESS NAPLES, FL 33940  
34 CITY-ST-ZIP**

41 TITLE ☒ Change ☐ Addition

**P  
MARTIN, JAMES L.  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP**

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
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)(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: Diane S Cox** **DIANE S. COX** **1/18/96** **941-261-4404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)