

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90010 038 ****61.25

0063772

DOCUMENT # N18309

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/17/1986

4. FEI Number

59-2756938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COX, DIANE S.
1095 WHIPPOORWILL LANE
NAPLES FL 34105

10. Name and Address of New Registered Agent

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	TVP	<input type="checkbox"/> DELETE
NAME	WILDER, F. DANIEL	
STREET ADDRESS	42 GOLF COTTAGE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHEFFY, ED	
STREET ADDRESS	821 FIFTH AVE S, SUITE 201	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLE, PHILIP W.	
STREET ADDRESS	1400 GULF SHORE BLVD, N	
CITY-ST-ZIP	NAPLES FL	
TITLE	TP	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JAMES L.	
STREET ADDRESS	975 6TH AVE S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	COX, DIANE S.	
STREET ADDRESS	1095 WHIPPOORWILL LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHELPS, LOIS	
STREET ADDRESS	7557 CORDOBA CIR	
CITY-ST-ZIP	NAPLES FL 34109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GEORGE M. WALTERS	
4.3 STREET ADDRESS	4001 TAMiami TRAIL N	
4.4 CITY-ST-ZIP	NAPLES, FL 34103	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
DIANE S. COX

4-6-99

941-261-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)