

FILE NOW: FLORIDA FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:06

DOCUMENT # N21897 (6)

1. Corporation Name

THE HOSPICE FOUNDATION OF SOUTHWEST FLORIDA, INC

Principal Place of Business

Mailing Address

**WARD E. DAHLGREN
1750 RINGLING BLVD.
SARASOTA FL 34236**

**WARD E. DAHLGREN
1750 RINGLING BLVD.
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1987** 3a. Date of Last Report **04/18/1994**
4. FEI Number **65-0044013** Applied For ☐ Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

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

**DAHLGREN, WARD E.
1750 RINGLING BLVD.
SARASOTA FL 34236**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **-CD-**
NAME **-DEDEYN, S. ANTHONY-**
STREET ADDRESS **-3352 ESPANOLA DRIVE-**
CITY-ST-ZIP **-SARASOTA FL-**

1.1 TITLE **Chairman - ~~TRUSTEE~~** ☒ Change ☐ Addition
1.2 NAME **Arnold, Richard**
1.3 STREET ADDRESS **1770 Wood Street**
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **P**
NAME **KARPATHY, ZOLTAN**
STREET ADDRESS **5300 AVENUE DEL MARE**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **-TR-**
NAME **-ARNOLD, RICHARD-**
STREET ADDRESS **-2400 CONSTITUTION BLVD-**
CITY-ST-ZIP **-SARASOTA FL-**

3.1 TITLE **Treasurer - ~~TRUSTEE~~** ☒ Change ☐ Addition
3.2 NAME **Rutledge, John**
3.3 STREET ADDRESS **711 Mangrove Point Road**
3.4 CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **-SD-**
NAME **-PORTER, ALAN H. -**
STREET ADDRESS **-6666 BEE RIDGE ROAD-**
CITY-ST-ZIP **-SARASOTA FL-**

4.1 TITLE **Secretary - ~~TRUSTEE~~** ☒ Change ☐ Addition
4.2 NAME **Bott, Alice**
4.3 STREET ADDRESS **6269 Midnight Pass Road**
4.4 CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **-D-**
NAME **-SPHORDING, ROGER O.-**
STREET ADDRESS **-333 TAMiami TRAIL-S-**
CITY-ST-ZIP **-VENICE FL-**

5.1 TITLE **Vice Chair - ~~TRUSTEE~~** ☒ Change ☐ Addition
5.2 NAME **Bloom, David**
5.3 STREET ADDRESS **5361 Dominica Circle**
5.4 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZOLTAN A. KARPATHY

8 Feb 95 (83)955-4483
Date Date (Phone)