

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 34236-6836

3. Date Incorporated or Qualified
08/05/1987

3a. Date of Last Report
07/26/1996

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

4. FEI Number
65-0044013

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT
NAME ~~ARNOLD, RICHARD~~
STREET ADDRESS ~~1770 WOOD STREET~~
CITY-ST-ZIP ~~SARASOTA FL~~

1.1 TITLE CT
1.2 NAME JOHN T. BERTEAU
1.3 STREET ADDRESS 200 S. ORANGE AVE
1.4 CITY-ST-ZIP SARASOTA FL 34236

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

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

TITLE TT
NAME ~~RUTLEDGE, JOHN~~
STREET ADDRESS ~~741 MANORVE POINT ROAD~~
CITY-ST-ZIP ~~SARASOTA FL~~

3.1 TITLE TT
3.2 NAME ALICE BOTT
3.3 STREET ADDRESS 6269 MIDNIGHT PASS RD
3.4 CITY-ST-ZIP SARASOTA FL 34242

TITLE ST
NAME ~~BOTT, ALICE~~
STREET ADDRESS ~~6269 MIDNIGHT PASS ROAD~~
CITY-ST-ZIP ~~SARASOTA FL~~

4.1 TITLE ST
4.2 NAME DAVID VOIGT
4.3 STREET ADDRESS 1007 BECKLEY CIRCLE
4.4 CITY-ST-ZIP VENICE FL 34292

TITLE VCT
NAME ~~BLOOM, DAVID~~
STREET ADDRESS ~~5361 DOMINICA CIRCLE~~
CITY-ST-ZIP ~~VENICE FL~~

5.1 TITLE VCT
5.2 NAME W. STUART GREGORY
5.3 STREET ADDRESS 5225 RIVERVIEW BLVD, W.
5.4 CITY-ST-ZIP BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Sandra B. Mortham ZOLTAN KARPATY 30/Jan 97 (941) 955-483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0081207

CR2E037 (9/96)