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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35387** (2)

1. Corporation Name

HOSPICE OF HILLSBOROUGH FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3010 WEST AZEELE ST
TAMPA FL 33609
US**

**3010 WEST AZEELE ST
TAMPA FL 33609
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**ANNE E. THAL
3010 WEST AZEELE STREET
TAMPA FL 33609**

3. Date Incorporated or Qualified

11/21/1989

4. FEI Number

59-3001938

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Steven A. Viterwyk

82 Street Address (P.O. Box Number is Not Acceptable)

905 Sudden Cove

83

Harbor Island, FL

84 City

Tampa

FL

85 Zip Code

33602

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	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BARNEY	
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3400	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, MICHAEL W.	
STREET ADDRESS	3109 W MLK, JR. BLVD., SUITE 150	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	602 E KENNEDY BLVD., 15TH FLOOR	
CITY-ST-ZIP	TAMPA FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, RAY	
STREET ADDRESS	1320 BLUEWATER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DONNA	
STREET ADDRESS	7806 HIDDEN ISLAND LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VCP	
STREET ADDRESS	HARTSOCK, BART	
CITY-ST-ZIP	1720 W CLEVELAND TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Chairman (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven Viterwyk	
1.3 STREET ADDRESS	905 Sudden Cove Harbor Island	
1.4 CITY-ST-ZIP	Tampa, FL 33602	

2.1 TITLE	D Treasurer (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Don Ebbert	
2.3 STREET ADDRESS	337 South Plant Avenue	
2.4 CITY-ST-ZIP	Tampa, FL 33606	

3.1 TITLE	D Secretary (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Victoria Spellman	
3.3 STREET ADDRESS	13614 Waterfall Way	
3.4 CITY-ST-ZIP	Tampa, FL 33624	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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		<input 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.

SIGNATURE:

SIGNATURE REQUIRED

3/19/98

613-877-2206

CR2E037 (10/97)