

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 # N36975 (3)

1. Corporation Name

CATHOLIC HOSPICE FOUNDATION, INC.



Principal Place of Business
**14100 PALMETTO FRONTAGE RD. STE 370
HIALEAH FL 33016**

Mailing Address
**14100 PALMETTO FRONTAGE RD. STE 370
HIALEAH FL 33016**

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
02/09/1995

4. FEI Number
65-0183293

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

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**

9. Name and Address of Current Registered Agent

**PATRICK, FITZGERALD J.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134**

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WALSH, BRYAN O.
STREET ADDRESS	14100 PALMETTO FRONTAGE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VAN DER POEL, CORNELIUS
STREET ADDRESS	14100 PALMETTO FRONTAGE RD STE 370
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KRAVERATH, LORRAINE
STREET ADDRESS	3663 SOUTH MIAMI AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, JANET L
STREET ADDRESS	14100 PALMETTO FRONTAGE RD STE 170
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morris S. Funk
1.3 STREET ADDRESS	14100 Palmetto Frontage Road, STE 370
1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fr. Thomas Honold
2.3 STREET ADDRESS	14100 Palmetto Frontage Road, Suite 370
2.4 CITY-ST-ZIP	Miami Lakes, FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Janet L. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(305) 822-2380

Date

Daytime Phone #

CR2E037 (12/95)