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Feb 12 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 # **N93000001672 (5)**

1. Corporation Name

**THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, I
NC.**

Principal Place of Business

Mailing Address

**300 E BAY DR
LARGO FL 34640**

**300 E BAY DR
LARGO FL 34640**

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number

59-3176721

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

33770

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

33770

Country

29

Zip

33770

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LABYAK, MARY
300 E BAY DR
LARGO FL 34640**

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 **D** ☐ DELETE

NAME **LABYAK, MARY**
STREET ADDRESS **300 E BAY DR**
CITY-ST-ZIP **LARGO FL 34640**

TITLE **D** ☐ DELETE

NAME **MILLER, ROBERT**
STREET ADDRESS **1301 5TH AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **CD** ☐ DELETE

NAME **CHAMBERLAIN, KERRY DO**
STREET ADDRESS **13644 WALSINGHAM RD**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

NAME **CRISTIE, JOAN**
STREET ADDRESS **10388 BARRY DR**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

NAME **MCINTOSH, NANCY**
STREET ADDRESS **11501 GROVE ST**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE

NAME **ETTEN, MARY JEAN**
STREET ADDRESS **7024 HIBISCUS AVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE **P**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, on an attachment with an address.

SIGNATURE:

Feb. 2, 1998 (813) 586-4432

CP25037 (10/97)