NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002717

1. Corporation Name

HOSPICE FOUNDATION, INC.

Principal Place of Business

Mailing Address

12107 MAJESTIC BOULEVARD HUDSON EL 33667

12107 MAJESTIC BOULEVARD

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90067 025 ****61.25



HUDSON FL 3	3667	HUDSON FL 33667								
2. Principal Pl	lace of Business	2a. Mailing Address		_		3. Date Incorporated or Qu	alifed			
21		26		_		05/09/1997 4. FEI Number		1 1	ntind For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 1	2 59-3467282			oplied For ot Applicable	
22		City & State				- 03-0407202	-		Additional	
City & State	e	City & State				5. Certifcate of Status Desi	red 🗆		equired	
23 Tip	Country	Zip	Country			6 Floation Compaign Figure	neina	_ _		
Zip	25 29 30				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
24	9. Name and Address of Current		<u>v)</u>			10. Name and Address of	New Registered			
	o. Haine and Addioso of Paritin	.1.08.010.00.1.80.11	81	Name						
					82 Street Address (P.O. Box Number is Not Acceptable)					
TAYLOR, RODNEY S			82	Street	Address	(P.O. Box Number is Not A	cceptable)			
12107 MAJESTIC BLVD			83	 						
HUDSON	FL 3466/			<u> </u>				- 		
			84	City			FL	85 Zip	Code	
11 Purcuent	to the provisions of Sections 617.0503	2 and 617 1508 Florida Statutes	the abov	e-named	comora	tion submits this statement t		changing its	registered	
office or n agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 617.0503, Florid	horized by la Statutes	the corpo	oration's	board of directors. I hereby	accept the appo	intment as re	gistered	
SIGNATURE		ANOTE: P	legistered Age	i skootuse s	navined use	on rejustation)	DATE		\	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	it signature i	equired wil	ADDITIONS/CHANGES		ND DIRECTO	DRS IN 12	
TITLE	D OT TOLING AND	DELETE	1.1 TITLE		<u> </u>			Change	☐ Addition	
	KILCUBE DEBUGAN		1.2 NAME		}					
NAME	KILGORE, DEBORAH			TADDRESS	1					
STREET ADDRESS	7T544 HEATHER WALK DRIVE								•	
CITY-ST-ZIP	BROOKSVILLE FL 34613	[DELETE	1.4 CITY-S 2.1 TITLE	1-211				Change	Addition	
TITLE	VP	CM DELETE	2.2 NAME		VP_					
NAME	ALFANO, GUY			T 4000000		Roertson				
STREET ADDRESS	12619 CLOCKTOWER PKWY			TADDRESS		Glen Eagle Dr				
CITY-ST-ZIP	BAYONET POINT FL 34667	□ DELETE	2.4 CITY-5	ST-ZIP	Port	Richey, FL 3	4668	Change	☐ Addition	
TITLE	S	☐ pereie	3.1 TITLE		ļ					
NAME	FULLER, STEPHENIA		3.2 NAME							
STREET ADDRESS	10T531 FARNUM COURT		1	TADDRESS						
CITY-ST-ZIP	PORT RICHEY FL 34668	C) Devete	3.4. CITY-5	T-ZIP	 			☐ Change	Addition	
TITLE	T	_								
NAME	CAWLEY, JAY		4. 2 NAME							
STREET ADDRESS	8105 ROXBORO DR			TADDRESS	}					
CITY-ST-ZIP	HUDSON FL 34667		4.4 CITY-S	T-ZIP				Chance	Addition	
TITLE	ED	☐ DELETE	5.1 TITLE					☐ Change		
NAME	TAYLOR, RODNEY S		5.2 NAME		1					
STREET ADDRESS				TADDRESS	ł					
CITY-ST-ZIP	HUDSON FL 34667		5.4 C/TY-S	T- ZIP	<u> </u>			П.С.		
TITLE	D	☐ DELETE	61 TITLE		1			Change	☐ Addition	
NAME	NILL, CARL		6.2 NAME		1					
STREET ADDRESS	10815 LOS SANTOS DR		6.3 STREE	T ADDRESS						
CITY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-S	T-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 trusted 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 Date 737-863-797/ Daytime Phone #

CR2E037 (11/9