

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002717

1. Entity Name
HOSPICE FOUNDATION, INC.



Principal Place of Business
**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**

Mailing Address
**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**



02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467282

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCHUGH, MICHAEL
STREET ADDRESS	5397 PATRICIA PLACE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	GRUEBEL, KENNETH
STREET ADDRESS	6000 FALL RIVER CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	FLECK, PATRICIA
STREET ADDRESS	5466 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	CAWLEY, JAY
STREET ADDRESS	8105 ROXBORO DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	ED
NAME	TAYLOR, RODNEY S
STREET ADDRESS	12107 MAJESTIC BLVD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	NILL, CARL
STREET ADDRESS	10815 LOS SANTOS DR
CITY-ST-ZIP	PORT RICHEY, FL 34668

000000439145
03/01/06-80034-019 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodney S Taylor 2/10/06 727-863-7971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #