

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002717

FILED
Mar 13, 2009
Secretary of State

Entity Name: HOSPICE FOUNDATION, INC.

Current Principal Place of Business:

12107 MAJESTIC BOULEVARD
HUDSON, FL 33667

New Principal Place of Business:

Current Mailing Address:

12107 MAJESTIC BOULEVARD
HUDSON, FL 33667

New Mailing Address:

FEI Number: 59-3467282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARB, THOMAS
12107 MAJESTIC BLVD
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CHURCH, JOHN
Address: P O BOX 382
City-St-Zip: BROOKSVILLE, FL 34605

Title: S () Delete
Name: GRAVES, ROGER
Address: 3004 BRADFORD CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: PREVATT, CLARENCE
Address: 5839 MARINER STREET
City-St-Zip: TAMPA, FL 33609

Title: PCEO () Delete
Name: BARB, THOMAS
Address: 12107 MAJESTIC BLVD
City-St-Zip: HUDSON, FL 34667

Title: VC () Delete
Name: MCGAVERN, WILLIAM
Address: 39127 PRETTY POND ROAD
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BARB

PCEO

03/13/2009

Electronic Signature of Signing Officer or Director

Date