

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745062

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257**Current Mailing Address:**COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257**FEI Number:** 59-1940256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257 US*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

Officer/Director Detail :

Title CD
Name ROBBINS, KEVIN
Address 500 WORLD COMMERCE PARKWAY
City-State-Zip: ST. AUGUSTINE FL 32092

Title VCD
Name HARWOOD-NUSS, ANN
Address 8151 BLUE JAY LANE
City-State-Zip: JACKSONVILLE FL 32256

Title SD
Name ARTHUR, TRACY
Address 1 RAYONIER WAY
City-State-Zip: YULEE FL 32097

Title TD
Name EMANS, CHRIS
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title PCEO
Name PONDER-STANSEL, SUSAN
Address 4266 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title COO
Name WARD, PHILLIP
Address 4266 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title CFO
Name BOSQUE, CARLOS
Address 4266 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

I hereby 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 all other like empowered.

SIGNATURE: SUSAN PONDER-STANSEL

PRESIDENT & CEO

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date