

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003007

Entity Name: THE HOSPICE OF ST. FRANCIS FOUNDATION, INC.**Current Principal Place of Business:**1250-B GRUNMAN PL
TITUSVILLE, FL 32788**Current Mailing Address:**1250-B GRUNMAN PL
TITUSVILLE, FL 32788**FEI Number:** 47-5116106**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABELN, MARSHA L
1250-B GRUNMAN PL
TITUSVILLE, FL 32788 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:** MARSHA ABELN

03/31/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HURT, ANTHONY
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title VC
Name MCALPINE, CHRIS
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title D
Name RODRIGUEZ, KIM
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title SECRETARY
Name ABRUZZO-PRICE, THERESA
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title CEO
Name KILLIAN, JOSEPH
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title TREASURER
Name HADDAD, SAMUEL
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

Title DIRECTOR
Name AMMEN, MICHAEL
Address 1250-B GRUNMAN PL
City-State-Zip: TITUSVILLE FL 32788

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: JOSEPH KILLIAN**CHIEF EXECUTIVE
OFFICER**

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date