## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40101

Entity Name: HOMESTEAD HOSPITAL, INC.

**Current Principal Place of Business:** 

975 BAPTIST WAY HOMESTEAD, FL 33033

**Current Mailing Address:** 

975 BAPTIST WAY HOMESTEAD, FL 33033

FEI Number: 65-0232993 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED Apr 02, 2021

**Secretary of State** 

2576936763CC

Officer/Director Detail:

Title CEO Title C

Name SPELL, KENNETH Name CHAMBERS, WILLIAM LIII

Address 975 BAPTIST WAY Address 975 BAPTIST WAY

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title VC Title TREASURER

NameSAPP, STEVEN SNameCARPENTER, WILLIEAddress975 BAPTIST WAYAddress975 BAPTIST WAY

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title SECRETARY

Name PATERSON CARRIER, JOHANA

Address 975 BAPTIST WAY

City-State-Zip: HOMESTEAD FL 33033

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: KENNETH SPELL

Electronic Signature of Signing Officer/Director Detail

CEO

04/02/2021 Date