

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002717

Entity Name: HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**12107 MAJESTIC BOULEVARD
HUDSON, FL 34667**Current Mailing Address:**12107 MAJESTIC BOULEVARD
HUDSON, FL 34667 US**FEI Number:** 59-3467282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, KATHY L
12470 TELECOM DR.
SUITE 300 WEST
TEMPLE TERRACE, FL 33637 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 DIRECTOR, CHAIR

Name PREVATT, CLARENCE E.

Address 7709 STATE ROAD 52

City-State-Zip: HUDSON FL 34667

Title DIRECTOR, VICE CHAIR

Name BROCK, THERESA

Address 9246 BOURBON ST.

City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR, SECRETARY/TREASURER

Name MCHUGH, MICHAEL

Address 15800 FLIGHT PATH DRIVE

City-State-Zip: BROOKSVILLE FL 34613

Title DIRECTOR

Name FERNANDEZ, KATHY L.

Address 12107 MAJESTIC BOULEVARD

City-State-Zip: HUDSON FL 34667

Title DIRECTOR, PRESIDENT

Name BARB, THOMAS D.

Address 12107 MAJESTIC BOULEVARD

City-State-Zip: HUDSON FL 34667

Title DIRECTOR

Name WOODRUFF, RANDALL K.

Address 801 S. BROAD STREET

City-State-Zip: BROOKSVILLE FL 34601

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: THOMAS D. BARB

PRESIDENT

03/02/2016

Electronic Signature of Signing Officer/Director Detail_____
Date