

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764980

**Entity Name:** VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

445 24TH STREET  
SUITE 300  
VERO BEACH, FL 32960

**Current Mailing Address:**

445 24TH STREET  
SUITE 300  
VERO BEACH, FL 32960 US

**FEI Number:** 59-2402136

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EMMONS, REBECCA FESQ.  
ROSSWAY SWAN TIERNEY BARRY LACEY \$ OLIVER ,P.L.  
2101 INDIAN RIVER BOULEVARD ,SUITE 200  
VERO BEACH, FL 32960 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            TREASURE /SECRETARY  
Name            PEARCE, BARBARA  
Address        PO BOX 1303  
City-State-Zip: VERO BEACH FL 32961

Title            DIRECTOR  
Name            GURLEY, EVA  
Address        436 LIVE OAK RD.  
City-State-Zip: VERO BEACH FL 32963

Title            CEO  
Name            FIELDS, LUNDY S  
Address        1110 35TH LANE  
City-State-Zip: VERO BEACH FL 32960

Title            VC  
Name            MCGEE, MIKE  
Address        920 BOWLINE DR.  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            SCHNEIDER , MARTA  
Address        865 RIOMAR DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title            CHAIRMAN  
Name            NICKELSON, DONALD E  
Address        1701 HWY A1A  
                 SUITE 218  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            STENGEL, WILLIAM  
Address        161 BERMUDA BAY LANE  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            SUSAN, RODGERS P.  
Address        700 BEACH ROAD  
                 APT.260  
City-State-Zip: VERO BEACH FL 32963

*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:** LUNDY FIELDS

**CEO**

**02/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date