

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

Entity Name: FLORIDA HOSPICE AND PALLIATIVE CARE ASSOCIATION, INC.**Current Principal Place of Business:**817 N GADSDEN STREET
TALLAHASSEE, FL 32303**Current Mailing Address:**817 N GADSDEN STREET
TALLAHASSEE, FL 32303 US**FEI Number:** 59-2685885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEDFOORD, PAUL A
817 N GADSDEN STREET
TALLAHASSEE, FL 32303 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	PRESIDENT & CHIEF EXECUTIVE OFFICER
Name	LEDFOORD, PAUL A
Address	817 N GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32303

Title	BOARD CHAIR 2024 - 2026
Name	PONDER-STANSEL, SUSAN
Address	4266 SUNBEAM RD
City-State-Zip:	JACKSONVILLE FL 32257-2425

Title	VICE CHAIR EXTERNAL AFFAIRS
Name	HUSTED, PATTY
Address	1695 SE INDIAN ST
City-State-Zip:	STUART FL 34997

Title	TREASURER
Name	KENWORTHY, VALERIE
Address	14875 NW 77TH AVE, STE 100
City-State-Zip:	WEST MELBOURNE FL 32904-4046

Title	IMMEDIATE PAST CHAIR
Name	ROA, JAYSEN
Address	1095 WHIPPOORWILL LANE
City-State-Zip:	NAPLES FL 34105-3847

Title	INTERNAL AFFAIRS - CHAIR ELECT
Name	FLEECE, JONATHAN
Address	6310 CAPITAL DRIVE, STE 100
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	SECRETARY
Name	BACKOFF, DIAN
Address	14875 NW 77TH AVE, STE 100
City-State-Zip:	MIAMI LAKES FL 33014

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: PAUL A. LEDFORD**PRESIDENT & CEO****01/29/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date