2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2022
Secretary of State
2321424427CC

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:

LEDFORD, 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	LEDFORD, PAUL A
Address	817 N GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32303

Title	VICE CHAIR OF EXTERNAL AFFAIRS
Name	TAYLOR, PAULINE
Address	4200 NW 90TH BLVD
City-State-Zip:	GAINESVILE FL 32606

Title	VICE CHAIR OF INTERNAL AFFAIRS
Name	PETTIT, PEGGY
Address	14 SOUTH SEWALL'S POINT RD
City-State-Zip:	STUART FL 34996

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

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

Title	TREASURER
Name	EBY, BENJAMIN
Address	3800 WOODBRIAR TRAIL
City-State-Zip:	PORT ORANGE FL 32129

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 01/25/2022

Electronic Signature of Signing Officer/Director Detail — Date