

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

Entity Name: FLORIDA HOSPICE AND PALLIATIVE CARE ASSOCIATION, INC.**Current Principal Place of Business:**2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301**Current Mailing Address:**2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301 US**FEI Number: 59-2685885****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEDFOORD, PAUL A
2000 APALACHEE PKWY
SUITE 200
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

Officer/Director Detail :

Title PRESIDENT & CHIEF EXECUTIVE
OFFICER
Name LEDFOORD, PAUL A
Address 2000 APALACHEE PKWY
SUITE 200
City-State-Zip: TALLAHASSEE FL 32301

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

Title TREASURER
Name TAYLOR, PAULINE
Address 480 W CENTRAL PARKWAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714-
2415

Title VICE CHAIR, EXTERNAL AFFAIRS
Name PETTIT, PEGGY
Address 161 S. RIVER ROAD
City-State-Zip: STUART FL 34996

Title PAST BOARD CHAIR
Name LEE, CHARLES
Address 2445 LANE PARK RD
City-State-Zip: TAVARES FL 32778

Title BOARD CHAIR
Name MCCLELLAND, RANA
Address 2525 DRANE FIELD RD., SUITE 4
City-State-Zip: LAKELAND FL 33811

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

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 LEDFORD**PRESIDENT & CEO****01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date