

2023 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 VICE CHAIR OF EXTERNAL AFFAIRS
Name TAYLOR, PAULINE
Address 4200 NW 90TH BLVD
City-State-Zip: GAINESVILLE FL 32606

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

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

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

Title SECRETARY
Name MOLOSKY, ANDREW
Address 12470 TELECOM DR STE 300
City-State-Zip: TEMPLE TERRACE FL 33637-0904

Title VICE CHAIR OF INTERNAL AFFAIRS
Name PONDER-STANSEL, SUSAN
Address 4266 SUNBEAM RD
City-State-Zip: JACKSONVILLE FL 32257-2425

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. LEDFOORD

PRESIDENT & CEO

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date