

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N23168

Entity Name: THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, INC.

Current Principal Place of Business:

1201 SE INDIAN STREET
STUART, FL 34997

Current Mailing Address:

1201 SE INDIAN STREET
STUART, FL 34997 US

FEI Number: 65-0047497

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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 CONTROLLER
Name MARTELLO, CARL
Address 2650 SE HAMDEN ROAD
City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY/TREASURER
Name BOYLE, RICHARD
Address 13412 WAX MYRTLE TRAIL
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name BARNARD, STEPHANIE
Address 1524 BUTTONBUSH CIRCLE
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name CRANDALL, WILLIAM BEARD
Address 12782 NW MARINER CT
City-State-Zip: PALM CITY FL 34990

Title VC
Name DOODY, JOHN CORCORAN
Address 6281 WINGED FOOT DRIVE
City-State-Zip: STUART FL 34997

Title TRUSTEE
Name FIELDS, JORDAN IRA
Address 27 NE ALICE ST
City-State-Zip: JENSEN BEACH FL 34957

Title TRUSTEE
Name MAYES, ROY EDWARD
Address 6881 SE NORTH MARINA WAY
City-State-Zip: STUART FL 34996

Title CHAIRMAN
Name LYNCH, RICHARD
Address 603 NORTH INDIAN RIVER DRIVE
 STE 300
City-State-Zip: FT. PIERCE FL 34950

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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: CARL MARTELLO

CONTROLLER

08/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name EMERY, EILEEN
Address 91 SOUTHPOINTE DRIVE
City-State-Zip: FT. PIERCE FL 34949

Title TRUSTEE
Name FRANK, DEIDRE
Address 7817 SE LOBIOLLY BAY DR
City-State-Zip: HOBE SOUND FL 33455-3832

Title TRUSTEE
Name MAYES, CHERYL A
Address 6881 SE NORTH MARINA WAY
City-State-Zip: STUART FL 34996-1949

Title TRUSTEE
Name JACOBS, MELINDA MILKA
Address 10850 S US HIGHWAY 1
City-State-Zip: PORT ST LUCIE FL 34952-6407

Title TRUSTEE
Name SALAMY, VIRGINIA
Address 1536 NW BUTTONBUSH CIRCLE
City-State-Zip: PALM CITY FL 34990-8079

Title PRESIDENT AND CEO
Name KENDRICK, JACKIE
Address 3318 SW BLUE COURT
City-State-Zip: PORT ST LUCIE FL 34953

Title VP
Name FOURINE, KENNETH MURRAY
Address 244 NEW HAVEN BLVD
City-State-Zip: JUPITER FL 33458

Title TRUSTEE
Name GRAVES, GLENN
Address 250 S AUSTRALIAN AVE
1601
City-State-Zip: WEST PALM BEACH FL 33401-5016

Title DIRECTOR
Name BIRKETT, CHRISTINE
Address 1704 SW 32ND TERRACE
City-State-Zip: PALM CITY FL 34990

Title CFO, INTERIM
Name BEVILLE, GLENN
Address 8054 SONOMA POINTE DRIVE
City-State-Zip: COLUMBUS GA 31909

Title SENIOR DEVELOPMENT OFFICER
Name PALMER, AGNES
Address 1030 SW ESTAUGH AVE
City-State-Zip: PORT ST LUCIE FL 34953

Title ANNUAL GIVING OFFICER
Name HAUGHTON, ASHLEY
Address 3305 SW PERRINE STREET
City-State-Zip: PORT ST LUCIE FL 34953