

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23168

**FILED**  
**Jan 04, 2021**  
**Secretary of State**  
**8050983210CC**

**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           TRUSTEE  
Name           FIELDS, JORDAN IRA  
Address        27 NE ALICE ST  
City-State-Zip: JENSEN BEACH FL 34957-6013

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

Title           TRUSTEE  
Name           LYNCH, RICHARD LEIGH  
Address        2505 NORTH INDIAN RIVER DRIVE  
City-State-Zip: FT. PIERCE FL 34946-1805

Title           TRUSTEE  
Name           EMERY, EILEEN  
Address        91 SOUTHPOINTE DRIVE  
City-State-Zip: FT. PIERCE FL 34949-9134

Title           VP  
Name           FOURINE, KENNETH MURRAY  
Address        17975 APRIL LANE  
City-State-Zip: JUPITER FL 33458

Title           CHAIRMAN  
Name           GRAVES, GLENN MAURICE  
Address        250 S AUSTRALIAN AVE  
                  174 BENT TREE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418-3597

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

**Continues on page 2**

*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**

**01/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title CFO  
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

Title TRUSTEE  
Name CARMODY, MARTIN JOHN  
Address 4173 SE FAIRWAY E  
City-State-Zip: STUART FL 34997-6149

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

Title VC  
Name KYPREOS, JENNIFER LOREN DESANTIS  
Address 1309 SE RIVERSIDE DRIVE  
City-State-Zip: STUART FL 34996

Title TRUSTEE  
Name JACOBS, MELINDA MILKA  
Address 385 LIVE OAK DRIVE  
City-State-Zip: VERO BEACH FL 32963-9748

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 4943 BALD CYPRESS TRAIL  
City-State-Zip: FORT PIERCE FL 34951

Title SECRETARY, TREASURER  
Name MISHOCK, RICHARD PAUL  
Address 2116 SE HARLOW STREET  
City-State-Zip: PORT SAINT LUCIE FL 34952-4990

Title TRUSTEE  
Name DREYER, DEREK WILLIAM  
Address 1293 NW RIVER TERRACE  
City-State-Zip: STUART FL 34994-7625

Title TRUSTEE  
Name GRAZIANO, ANNE DYSART  
Address 5655 SE FOXCROSS PL  
City-State-Zip: STUART FL 34997-8044