

**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

**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**

**06/05/2019**

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 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 CEO, 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