

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23168

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

**FILED**  
**Jan 06, 2014**  
**Secretary of State**  
**CC2877736950**

**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 CO-TRUSTEE  
Name MOORE, WILLIAM  
Address 673 SW WHISPERING PALM LANE  
City-State-Zip: PALM CITY FL 34990

Title CO-TRUSTEE  
Name BRASKAMP, JODY JSR.  
Address 1719 BUTTONBUSH CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title VC  
Name JOHNSON, BONNEY  
Address 819 SOUTH FEDERAL HIGHWAY  
City-State-Zip: STUART FL 34994

Title CO-TRUSTEE  
Name VON ALDENBRUCK, GYTHA  
Address 8900 S. OCEAN DRIVE  
City-State-Zip: JENSEN BEACH FL 34957

Title PRESIDENT & CEO  
Name DE CUBA, SUSAN R  
Address 105 HILLCREST COURT  
City-State-Zip: STUART FL 34996

Title VP & CHIEF PHILANTHROPY OFFICER  
Name ALLEN, DOROTHY  
Address 981 WILDWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title SENIOR DIRECTOR OF FINANCE/ACCOUNTING  
Name MARTELLO, CARL  
Address 2650 SE HAMDEN ROAD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title CHAIRMAN  
Name PIERSON, JAMES  
Address 1216 NW WINTERS CREEK ROAD  
City-State-Zip: PALM CITY FL 34990

**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: SUSAN R DECUBA**

**PRESIDENT & CEO**

**01/06/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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