**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 30, 2025**
**Secretary of State**
**6642970122CC**

DOCUMENT# N27921

**Entity Name:** CORNERSTONE HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

2445 LANE PARK ROAD
TAVARES, FL 32778-6660

**Current Mailing Address:**

2445 LANE PARK ROAD
TAVARES, FL 32778-6660

**FEI Number: 59-2915060**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACUFF, KARL DAVID
1350 MARKET STREET
SUITE 206
TALLAHASSEE, FL 32312 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: KARL DAVID ACUFF 01/30/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | IMMEDIATE PAST CHAIR | Title | CHAIRMAN |
| Name | KAMUS, TONY | Name | CLAPPER, KYLE |
| Address | 2246 CRESTVIEW ST | Address | 1816 PIEDMONT CT. |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | MASCOTTE FL 34753 |

| | |
|---|---|
| Title | VICE CHAIR |
| Name | COLLIER, GREGORY |
| Address | 3613 CACTUS LANE |
| City-State-Zip: | MT. DORA FL 32757 |

*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: KYLE CLAPPER CHAIRMAN OF THE BOARD 01/30/2025

Electronic Signature of Signing Officer/Director Detail — Date