

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST CHAIR  
Name NAILOS, HEATH  
Address 1635 EAST HIGHWAY 50  
SUITE 300  
City-State-Zip: CLERMONT FL 34711

Title CHAIRMAN  
Name KAMUS, TONY  
Address 134 N. HWY 27/U.S. 441  
City-State-Zip: LADY LAKE FL 32159

Title SECRETARY  
Name CLAPPER, KYLE  
Address 1816 PIEDMONT COURT  
City-State-Zip: MASCOTTE FL 34753

*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:** TONY KAMUS

CHAIRMAN

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date