F07000005028

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

FILED
2007 OCT 10 A 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000251910 3)))

H07000251910 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Hospice and Palliative Nurses Foundation Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

D. WHITE OCT 11 2007

Electronic Filing Menu Corporate Filing Menu Help

FILED

2007 OCT 10 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Hospice and Palliative Nurses Foundation Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Pennsylvania
(State or country under the law of which it is incorporated)

3. 25-1813944
(FEI number, if applicable)

4. 6/11/1998
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. *See sections 617.1501 & 617.1502, F.S. to determine penalty liability.*)

7. One Penn Center West - Suite 229 - Pittsburgh, PA 15276-0100
(Principal office address)

Same
(Current mailing address)

8. For charitable scientific & educational purposes to provide educational and scientific support to nurses and other healthcare professionals involved in hospice and palliative care.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip Code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____
(Registered agent's signature)

STEVEN P. ZIMMER
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED

2007 OCT 10 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE SEE ATTACHED ROSTER

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Judith C. Lentz, Executive Director
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JUDITH C. LENTZ EXECUTIVE DIRECTOR
(Typed or printed name and capacity of person signing application)

HOSPICE AND PALLIATIVE NURSES FOUNDATION

Term 1 1/06 – 12/08
Elizabeth Pitorak, President
Hospice of the Western Reserve
300 E 185th Street
Cleveland, OH 44119
(w) 216-383-3740
(f) 216-383-3750
epitorak@hospicewr.org

Term 2 1/07 – 12/09

Jane Marie Kirschling RN, DNS (Vice-President)
University of Kentucky
College of Nursing
315 College of Nursing Building
University of Kentucky
Lexington, KY 40536-0232
(w) 859-323-4857
(fax) 859-323-1057
(cell) 859-317-1160
janek@email.uky.edu

Term 2 1/06 - 12/08

Barbara Miller (Secretary/Treasurer)
114 Windridge Drive
LaGrange, GA 30240
(h) 706-884-2981
(w) 706-845-3905
(f) 706-884-0433
sealamiller@bellsouth.net

Term 2 1/05 – 12/07

Molly Poleto, BSN, CHPN
Director, Business Development
Healthcare Association of New York State
One Empire Drive
Rensselaer, NY 12144
(h) 518-439-9479
(w) 518-431-7901
(f) 518-431-7849
mpoleto@hanys.org

Term 1 1/05 – 12/07

Heather Ann Mabee
4 Liberty Drive
Saratoga Springs, NY 12866
(h) 518-587-8426
(f – please call first) 518-587-8426
hmabee5@aol.com

Term 1 1/07 – 12/09

Sylvia Marcantel
1513 Covey Lane
Lake Charles, LA 70605
(w) 337-433-9449
(fax) 337-433-9472
(h) 337-474-4262
(h) smarcantel@suddenlink.net
(w) symarcantel@odyhealth.com

Term 1 1/07 – 12/09
Kate Faulkner
55 Haven Street
Dover, MA 02030
(c) 617-710-0852
kathleenfaulkner@gmail.com

HPNA (President) 1/1/07- -12/31/07
Janet Snapp
Hospice of the Bluegrass
2312 Alexandria Drive
Lexington, KY 40504
(h) 859-296-4536
(w) 859-276-5344
(f) 859-223-0490
jsnapp@hospicebg.com

Ex-officio

Judy Lentz, RN, MSN, NHA
CEO, HPNA
One Penn Center West
Suite 229
Pittsburgh, PA 15276
(w) 412-787-9301
(f) 412-787-9305
judyl@hpna.org

National Office

Hospice and Palliative Nurses Foundation
One Penn Center West
Suite 229
Pittsburgh, PA 15276-0100
Phone: 412-787-9301
Fax: 412-787-9305
hpnf@hpnf.org

Executive Director
Judy Lentz
judyl@hpna.org

Assistant Administrator/ Office Manager
Amy Killmeyer
amyk@hpna.org

Director of Membership
Deena Butcher
deenab@hpna.org

Director of Education/Research
Dena Jean Sutermaster
denajeans@hpna.org

Assistant Director of Education
Nancy Grandovic
nancyg@hpna.org

Director of Development
Laura Ristau
laurar@hpna.org

Director of Certification
Sandra Lee Schafer
sandralees@hpna.org

NCP Project Coordinator
Ken Zuroski
kenz@hpna.org

Membership Coordinator
Carol Akrie
carola@hpna.org

Certification Coordinator
Dawn Zwibel
dawnz@hpna.org

Education Coordinator
Diana Wagenhoffer
dianaw@hpna.org

Office Clerk
Emma Arthur

Data Manager
Felicia Stratico
felicias@hpna.org

Bookkeeper
Ginny Wingertsahn
ginnyw@hpna.org

Webmaster
Tim DeVaughn
webmaster@hpna.org

7/3/07

FILED

2007 OCT 10 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 5, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HOSPICE AND PALLIATIVE NURSES FOUNDATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortés

Secretary of the Commonwealth

Certification Number: 6959060-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp