

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764980

Entity Name: VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1110 35TH LANE
VERO BEACH, FL 32960

Current Mailing Address:

1110 35TH LANE
VERO BEACH, FL 32960

FEI Number: 59-2402136

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EMMONS, REBECCA FESQ.
ROSSWAY SWAN TIERNEY BARRY LACEY \$ OLIVER ,P.L.
2101 INDIAN RIVER BOULEVARD ,SUITE 200
VERO BEACH, FL 32960 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 DIRECTOR
Name HAMEISTER, ELAINE M
Address 4245 DIAMOND SQUARE
City-State-Zip: VERO BEACH FL 32967

Title TREASURE /SECRETARY
Name PEARCE, BARBARA
Address 1446 25TH STREET
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR
Name SCHNEIDER , MARTA
Address 865 RIOMAR DRIVE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name BECKER, DAVID J
Address 572 SABLE OAK LANE
City-State-Zip: INDIAN RIVER SHORES FL 32963

Title VC
Name MARZANO , SUSAN R
Address 515 PITTMAN AVE
City-State-Zip: VERO BEACH FL 32968

Title CHAIRMAN
Name NICKELSON, DONALD E
Address 1701 HWY A1A
City-State-Zip: VERO BEACH FL 32963

Title CEO
Name FIELDS, LUNDY S
Address 1110 35TH LANE
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name STENGEL, WILLIAM
Address 161 BERMUDA BAY LANE
City-State-Zip: VERO BEACH FL 32963

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: LUNDY FIELDS

CEO

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date