

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

DOCUMENT# N17456

**FILED**  
**Feb 16, 2024**  
**Secretary of State**  
**1748837412CC**

**Entity Name:** VISITING NURSE ASSOCIATION & HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

445 24TH STREET  
SUITE 300  
VERO BEACH, FL 32960

**Current Mailing Address:**

445 24TH STREET  
SUITE 300  
VERO BEACH, FL 32960 US

**FEI Number: 59-2804739**

**Certificate of Status Desired: Yes**

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

EMMONS, REBECCA FESQ.  
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 CHAIRMAN  
Name KANAREK, CAROL  
Address 1241 POITRAS DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name MCCRYSTAL, ANN MARIE  
Address 511 BAYDRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name SHERWOOD, EMILY  
Address 151 TERRAPIN PT  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name LAWN, RONALD K.  
Address N. HWY. A1A  
STE. 221  
City-State-Zip: VERO BEACH FL 32963

Title VC  
Name CONNORS , SARAH  
Address 210 BERMUDA BAY LANE  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY  
Name FINK, CAROLE  
Address 10 CLUBHOUSE COURT  
City-State-Zip: VERO BEACH FL 32963

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

Title DIRECTOR  
Name STEWART , WILLIAM  
Address 2101 INDIAN RIVER BOULEVARD  
SUITE 200  
City-State-Zip: VERO BEACH FL 32960

**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: LUNDY FIELDS**

**CEO**

**02/16/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name BARTON, KATHRYN  
Address OFFUTT BARTON SCHLITT LLC  
570 BEACHLAND BLVD  
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 P  
Address 161 BERMUDA BAY LANE  
City-State-Zip: VERO BEACH FL 32963

Title TREASURER  
Name HUDSON, WILLIAM N  
Address 670 LAGOON ROAD  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name GURLEY, EVA  
Address 436 LIVE OAK RD.  
City-State-Zip: VERO BEACH FL 32963

Title ASSISTANT SECRETARY  
Name KENYON, STACY L  
Address 1155 DRIFTWOOD DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR  
Name KELSO, THERESA  
Address 1646 VICTORIA CIR.  
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR  
Name NICKELSON, DONALD E.  
Address 1701 HWY. A1A,  
STE. 218  
City-State-Zip: VERO BEACH FL 32963

Title VC  
Name MCGEE, MICHAEL P  
Address 920 BOWLINE DRIVE  
City-State-Zip: VERO BEACH FL 32963