

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23168

Entity Name: THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, INC.**Current Principal Place of Business:**1201 SE INDIAN STREET
STUART, FL 34997**Current Mailing Address:**1201 SE INDIAN STREET
STUART, FL 34997 US**FEI Number:** 65-0047497**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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	PRESIDENT & CEO
Name	DE CUBA, SUSAN R
Address	105 HILLCREST COURT
City-State-Zip:	STUART FL 34996

Title	CONTROLLER
Name	MARTELLO, CARL
Address	2650 SE HAMDEN ROAD
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	SECRETARY/TREASURER
Name	BOYLE, RICHARD
Address	13412 WAX MYRTLE TRAIL
City-State-Zip:	PALM CITY FL 34990

Title	TRUSTEE
Name	BARNARD, STEPHANIE
Address	1524 BUTTONBUSH CIRCLE
City-State-Zip:	PALM CITY FL 34990

Title	TRUSTEE
Name	CRANDALL, WILLIAM BEARD
Address	12782 NW MARINER CT
City-State-Zip:	PALM CITY FL 34990

Title	VC
Name	DOODY, JOHN CORCORAN
Address	6281 WINGED FOOT DRIVE
City-State-Zip:	STUART FL 34997

Title	TRUSTEE
Name	FIELDS, JORDAN IRA
Address	27 NE ALICE ST
City-State-Zip:	JENSEN BEACH FL 34957

Title	TRUSTEE
Name	MAYES, ROY EDWARD
Address	6881 SE NORTH MARINA WAY
City-State-Zip:	STUART FL 34996

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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: SUSAN R DE CUBA**PRESIDENT & CEO****01/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name BENDER, EWALD
Address 6764 SE PACIFIC DRIVE
City-State-Zip: STUART FL 34997

Title TRUSTEE
Name EMERY, EILEEN
Address 91 SOUTHPOINTE DRIVE
City-State-Zip: FT. PIERCE FL 34949

Title MAJOR GIFT OFFICER
Name GUTHRIE, VALERIE
Address 1863 SW SPRINGFIELD CT
City-State-Zip: PALM CITY FL 34990

Title CFO AND CORPORATE SECRETARY
Name DUNWOODY, ROBERT C JR.
Address 8880 S. OCEAN DRIVE
108
City-State-Zip: JENSEN FL 34957

Title TRUSTEE
Name MAYES, CHERYL A
Address 6881 SE NORTH MARINA WAY
City-State-Zip: STUART FL 34996-1949

Title CHAIRMAN
Name LYNCH, RICHARD
Address 603 NORTH INDIAN RIVER DRIVE
STE 300
City-State-Zip: FT. PIERCE FL 34950

Title VP
Name FOURINE, KENNETH MURRAY
Address 244 NEW HAVEN BLVD
City-State-Zip: JUPITER FL 33458

Title TRUSTEE
Name FRANK, DEIDRE
Address 7817 SE LOBIOLLY BAY DR
City-State-Zip: HOBE SOUND FL 33455-3832

Title TRUSTEE
Name GRAVES, GLENN
Address 250 S AUSTRALIAN AVE
1601
City-State-Zip: WEST PALM BEACH FL 33401-5016

Title DIRECTOR
Name BIRKETT, CHRISTINE
Address 1704 SW 32ND TERRACE
City-State-Zip: PALM CITY FL 34990