

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 -ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759452 (6)

1. Corporation Name
HOSPICE OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 17887 PENSACOLA FL 32522 **P.O. BOX 17887 PENSACOLA FL 32522**

3. Date Incorporated or Qualified **08/04/1981** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-2208300** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
KNEE, DALE
2001 N PALAFOX ST
SUITE E
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dale O. Knee Dale O. Knee **6/14/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THAMES, BARBARA	
STREET ADDRESS	1450 BERRYHILL RD.	
CITY - ST - ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICKINSON, E.P.	
STREET ADDRESS	1960 SEVILLE DR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JAMES	
STREET ADDRESS	P.O. BOX 17500 N/A	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TEMKE, ANDY	
STREET ADDRESS	P.O. BOX 17500 N/A	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATON, BETTY A.	
STREET ADDRESS	2203 N. 20TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKHART, LESLIE	
STREET ADDRESS	5151 N. 9TH AVENUE	
CITY - ST - ZIP	PENSACOLA FL 32503	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Thames, Barbara
1.3 STREET ADDRESS	1450 Berryhill Road
1.4 CITY - ST - ZIP	Milton, FL 32570
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D Nickinson, E.P.
2.3 STREET ADDRESS	1960 Seville Drive
2.4 CITY - ST - ZIP	Pensacola, FL 32503
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/P Campbell, James
3.3 STREET ADDRESS	P.O. Box 12950 N/A
3.4 CITY - ST - ZIP	Pensacola, FL 32522
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D Remke, Andy
4.3 STREET ADDRESS	P.O. Box 17500 N/A
4.4 CITY - ST - ZIP	Pensacola, FL 32522
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/D Parker, Betty
5.3 STREET ADDRESS	P.O. Box 97 N/A
5.4 CITY - ST - ZIP	Gonzales, FL 32560
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001831418
6.3 STREET ADDRESS	-07/11/96--01081--028
6.4 CITY - ST - ZIP	***122.50

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.P. Nickinson, Jr. **904.433-8259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6-18-96** DATE **6-18-96** DAYTIME PHONE #

CR2E037 (3/96)