


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90394 010 ****70.00

DOCUMENT # 759452					
1. Entity Name COVENANT HOSPICE, INC.					
Principal Place of Business 5041 N. 12TH AVENUE PENSACOLA, FL 32504			Mailing Address 5041 N 12TH AVENUE PENSACOLA, FL 325804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KNEE, DALE 5041 N. 12TH AVENUE PENSACOLA, FLORIDA 32504				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>DALE KNEE</u>		PRESIDENT/CEO		04/04/2006	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required, then reinstating)</small>		<small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete PD KNEE, DALE O 5041 N. 12TH AVENUE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete VD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FL 32501	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD GURECK, BILL RADM USN(RET) 3155 MARCUS POINTE BOULEVARD PENSACOLA, FL 32505		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete TD CAVANAUGH, JOHN DR 11000 UNIVERSITY PKWY PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FL 32514		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete SD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD CAVANAUGH, JOHN DR 11000 UNIVERSITY PKWY PENSACOLA, FL 32514		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete CD MILLS, ROBERT J DR 4491 WHISPER DRIVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D SYNDER, ROBERT E 3434 N DR MARTIN LUTHER KING DRIVE PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D MILLS, ROBERT J DR 4491 WHISPER DRIVE PENSACOLA, FL 32504		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 61 7, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale O. Knee

DALE KNEE, PRESIDENT/CEO 04/04/2006

850-433-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #