FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **N42926** (8)

1. Corporation Name
HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
P. O. BOX 17867 PENSACOLA FL 32522-4867	P. O. BOX 17867 PENSACOLA FL 32522-4867

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3060139 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEEN, DALE
2001 N PALAFOX ST
S-E
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: Knee, Dale
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dale O. Knee — Dale O. Knee — 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	PD	XX Change ☐ Addition
NAME	THAMES, BARBARA	12 NAME	Thames, Barbara	
STREET ADDRESS	1450 BERRYHILL RD	13 STREET ADDRESS	1450 Berryhill Road	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	Milton, FL 32570	
TITLE	PD	21 TITLE	V/P/D	XX Change ☐ Addition
NAME	KAHN, ROBERT H JR.	22 NAME	Nickinson, E. P.	
STREET ADDRESS	320 WEST LEE STREET	23 STREET ADDRESS	1960 Seville Drive	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VPD	31 TITLE	D/S	XX Change ☐ Addition
NAME	SHERRILL, CHARLES C.	32 NAME	Campbell, James	
STREET ADDRESS	150 E GOVERNMENT ST	33 STREET ADDRESS	P.O. Box 17500 n/a	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, FL 32576	
TITLE	TD	41 TITLE	T/D	XX Change ☐ Addition
NAME	NICKINSON, E. P. JR.	42 NAME	Remke, Andy	
STREET ADDRESS	1960 SEVILLE DRIVE	43 STREET ADDRESS	P.O. Box 17500 n/a	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	Pensacola, FL 32522-7500	
TITLE	S	51 TITLE	S	XX Change ☐ Addition
NAME	FOLMAR, MOZELLE	52 NAME	Folmar, Mozelle	
STREET ADDRESS	151 REDSTONE AVE SE	53 STREET ADDRESS	151 Redstone Avenue, SE	
CITY-ST-ZIP	CRESTVIEW FL	54 CITY-ST-ZIP	Crestview, FL	
TITLE		61 TITLE		XX Change ☐ Addition
NAME		62 NAME	Kahn, Robert H. Jr.	
STREET ADDRESS		63 STREET ADDRESS	320 West Lee Street	
CITY-ST-ZIP		64 CITY-ST-ZIP	Pensacola, FL 32501	

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

PREPAID FILED BY MAY 1

SIGNATURE: Barbara Thames — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Barbara Thames

Daytime Phone #

0071408