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 # **N42926** **(8)**

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

Principal Place of Business	Mailing Address
P. O. BOX 17887 PENSACOLA FL 32522-4887	P. O. BOX 17887 PENSACOLA FL 32522-4887

3. Date Incorporated or Qualified: **04/11/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21):
Suite, Apt. #, etc (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNEE
KNEEN, DALE
2001 N PALAFOX ST
S-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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	S/D	☐ Change ☒ Addition
NAME	THAMES, BARBARA		12 NAME	Parker, Betty	
STREET ADDRESS	1450 BERRYHILL RD		13 STREET ADDRESS	P.O. Box 97 N/A	
CITY-ST-ZIP	MILTON FL		14 CITY-ST-ZIP	Gonzalez, FL 32560	
TITLE	VD	☐ DELETE	21 TITLE	P/D	☒ Change ☐ Addition
NAME	NICKINSON, E.P. JR.		22 NAME	Nickinson, E.P., JR.	
STREET ADDRESS	1960 SEVILLE DRIVE		23 STREET ADDRESS	1960 Seville Drive	
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	DS	☐ DELETE	31 TITLE	V/D	☒ Change ☐ Addition
NAME	CAMPBELL, JAMES		32 NAME	Campbell, James	
STREET ADDRESS	P.O. BOX 17500 N/A		33 STREET ADDRESS	P. O. Box 12950 N/A	
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP	Pensacola, FL 32576	
TITLE	TD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	REMKE, ANDY		42 NAME		
STREET ADDRESS	P.O. BOX 17500 N/A		43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP		
TITLE	S	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FOLMAR, MOZELLE		52 NAME	900001891409	
STREET ADDRESS	151 REDSTONE AVE SE		53 STREET ADDRESS	-07/11/96--01081--029	
CITY-ST-ZIP	CRESTVIEW FL		54 CITY-ST-ZIP	***122.50	
TITLE	PD	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	KAHN, ROBERT H. JR.		62 NAME		
STREET ADDRESS	320 WEST LEE STREET		63 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		64 CITY-ST-ZIP		

CR2E037 (3/96)

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. E. P. Nickinson, Jr. 6/18/96 904-433-8259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #