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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 P. O. BOX 17887
PENSACOLA FL 32522-4887 PENSACOLA FL 32522-7887

3. Date Incorporated or Qualified 04/11/1991
3a. Date of Last Report 07/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3060139		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	SD	1.1 TITLE	C/D
NAME	PARKER, BETTY	1.2 NAME	Remke, Andy
STREET ADDRESS	PO BOX 97 N/A	1.3 STREET ADDRESS	P.O. Box 17500 n/a
CITY-ST-ZIP	GONZALEZ FL 32560	1.4 CITY-ST-ZIP	Pensacola, florida 32522
TITLE	PD	2.1 TITLE	V/D
NAME	NICKINSON, E.P. JR.	2.2 NAME	Shell, Stephen B.
STREET ADDRESS	1880 SEVILLE DRIVE	2.3 STREET ADDRESS	P.O. Box 1831 n/a
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, Florida 32598
TITLE	VD	3.1 TITLE	T/D
NAME	CAMPBELL, JAMES	3.2 NAME	Goldenberg, Sam
STREET ADDRESS	P.O. BOX 12950 N/A	3.3 STREET ADDRESS	P.O. Box 12158 n/a
CITY-ST-ZIP	PENSACOLA FL 32576	3.4 CITY-ST-ZIP	Pensacola, florida 32590
TITLE	TD	4.1 TITLE	S/D
NAME	REMKE, ANDY	4.2 NAME	Campbell, James
STREET ADDRESS	P.O. BOX 17500 N/A	4.3 STREET ADDRESS	P.O. Box 12950 n/a
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, florida 32576
TITLE		5.1 TITLE	President/CEO/D
NAME		5.2 NAME	Knee, Dale O.
STREET ADDRESS		5.3 STREET ADDRESS	2001 N. Palafox Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, Florida 32501
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

DALE O. KNEE

CR2E037 (9/96)

HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.
BOARD OF DIRECTORS AND OFFICERS
1997

Officers:

Andy Remke	President
Stephen Shell	Vice President
Sam Goldenberg	Treasurer
James Campbell	Secretary

Directors:

Betty Caton
Mozelle Folmar
R. H. Kahn, Jr.
E.P. Nickinson, Jr.