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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-3060139 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNEE, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	PARKER, BETTY		1.2 NAME	Campbell, James	
STREET ADDRESS	PO BOX 97 N/A		1.3 STREET ADDRESS	P.O. Box 12950 N/A	
CITY-ST-ZIP	GONZALEZ FL 32560		1.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	NICKINSON, E.P. JR.		2.2 NAME	Stephen B. Shell	
STREET ADDRESS	1960 SEVILLE DRIVE		2.3 STREET ADDRESS	P.O. Box 1831 N/A	
CITY-ST-ZIP	PENSACOLA FL 32503		2.4 CITY-ST-ZIP	Pensacola, FL 32598 N/A	
TITLE	SD	☐ DELETE	3.1 TITLE	S	☒ Change ☒ Addition
NAME	CAMPBELL, JAMES		3.2 NAME	Sam Goldenberg	
STREET ADDRESS	P.O. BOX 12950 N/A		3.3 STREET ADDRESS	P.O. Box 12158 N/A	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola FL 32590	
TITLE	CD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	REMKE, ANDY		4.2 NAME	Patrick Schlenker	
STREET ADDRESS	P.O. BOX 17500 N/A		4.3 STREET ADDRESS	5151 N. 9th Ave	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola FL 32504	
TITLE		☐ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME			5.2 NAME	Dale O. Knee	
STREET ADDRESS			5.3 STREET ADDRESS	2001 N. Palafox St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Pensacola FL 32501	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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.

$55.00

SIGNATURE: Dale O. Knee, Pres/CEO 3/27/98 433-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075507