2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42926

1. Entity Name

HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90008 017 ****61.25

Principal Place of Business	Mailing Address
P. O. BOX 17887 PENSACOLA FL 32522-4887	P. O. BOX 17887 PENSACOLA FL 32522-7887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE Dale O. Knee error - no change DATE 4/24/00

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CAMPBELL, JAMES P O BOX 12950 PENSACOLA FL 32560	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vickery, James F. 1717 N. "E" St. Pensacola, FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DARBY, RENATE E 1450 BERRYHILL RD MILTON FL 32570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Thames, Barbara H. 8383 N. Davis Hwy Pensacola, FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDENBERG, SAM P O BOX 12158 PENSACOLA FL 32590	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Snyder, Robert E. 3435 N. Alcaniz St. Pensacola, FL 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHLENKER, PARTICK 5151 N 9TH AVENUE PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Schlenker, Patrick 5151 N. 9th Ave Pensacola, FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNEE, DALE O 2001 N PALAFOX STREET PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/24/00 850/433-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #