

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42926

**FILED**  
**Feb 03, 2004**  
**Secretary of State****Entity Name:** HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**P. O. BOX 17887  
PENSACOLA, FL 325224887**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 17887  
PENSACOLA, FL 325224887**New Mailing Address:****FEI Number:** 59-3060139**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KNEE, DALE  
2001 N PALAFOX ST  
S-E  
PENSACOLA, FL 32501 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** SD ( ) Delete  
**Name:** OXENHAM, RANDY  
**Address:** 1401 N TARRAGONA STREET  
**City-St-Zip:** PENSACOLA, FL 32501**Title:** CD ( ) Delete  
**Name:** SNYDER, ROBERT E  
**Address:** 3435 N ALCANIZ STREET  
**City-St-Zip:** PENSACOLA, FL 32503**Title:** VD ( ) Delete  
**Name:** MILLS, DR. ROBERT J  
**Address:** 500 N PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32501**Title:** D ( ) Delete  
**Name:** VICKERY, JAMES F  
**Address:** 2958 CORAL STRIP PARKWAY  
**City-St-Zip:** GULF BREEZE, FL 32561**Title:** P ( ) Delete  
**Name:** KNEE, DALE O  
**Address:** 2001 N PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32501**Title:** TD ( ) Delete  
**Name:** THAMES, BABARA H  
**Address:** 8383 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32514**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE O. KNEE

PD

02/03/2004

Electronic Signature of Signing Officer or Director

Date