2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90159 027 ****61.25

DOCUMENT # N42926

1. Entity Name
COVENANT HOSPICE FOUNDATION, INC.

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

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5041 N. 12TH AVENUE	5041 N. 12TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FLORIDA	City & State: PENSACOLA, FLORIDA
Zip: 32504 Country:	Zip: 32504 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	7. Name and Address of New Registered Agent
KNEE, DALE 2001 N PALAFOX ST S-E PENSACOLA, FL 32501	Name: KNEE, DALE O Street Address (P.O. Box Number is Not Acceptable): 5041 N. 12TH AVENUE City: PENSACOLA, FL Zip Code: 32504

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dale O. Knee PRESIDENT/CEO 1/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OXENHAM, RANDY 1401 N TARRAGONA STREET PENSACOLA, FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNEE, DALE O 5041 N. 12TH AVENUE PENSACOLA, FLORIDA 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SNYDER, ROBERT E 3435 N ALCANIZ STREET PENSACOLA, FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FLORIDA 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLS, DR. ROBERT J 500 N PALAFOX STREET PENSACOLA, FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAVANAUGH, DR. JOHN 11000 UNIVERSITY PARKWAY PENSACOLA, FLORIDA 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERY, JAMES F 2958 CORAL STRIP PARKWAY GULF BREEZE, FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FLORIDA 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNEE, DALE O 2001 N PALAFOX STREET PENSACOLA, FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILLS, DR. ROBERT J 4491 WHISPER DRIVE PENSACOLA, FLORIDA 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THAMES, BABARA H 8383 N. DAVIS HWY PENSACOLA, FL 32514	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYNDER, ROBERT E 3434 N. DR. MARTIN LUTHER KING DRIVE PENSACOLA, FLORIDA 32503	☒ Change ☐ Addition

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: Dale O. Knee PRESIDENT/CEO 1/28/05 (850) 433-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #