2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90394 011 ****70.00

DOCUMENT # N42926
1. Entity Name
COVENANT HOSPICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5041 N. 12TH AVENUE PENSACOLA, FL 32504	5041 N 12TH AVENUE PENSACOLA, FL 325804

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

04042006 Chg-NP CR2E037 (11/05)

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 5041 N. 12TH AVENUE PENSACOLA, FLORIDA 32504	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DALE KNEE PRESIDENT/CEO 04/04/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required ,hen reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	PD KNEE, DALE O 5041 N. 12TH AVENUE PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GURECK, BILL RADM USN(RET) 3155 MARCUS POINTE BOULEVARD PENSACOLA, FL 32505 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAVANAUGH, JOHN DR 11000 UNIVERSITY PKWY PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FL 32514 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAVANAUGH, JOHN DR 11000 UNIVERSITY PKWY PENSACOLA, FL 32514 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILLS, ROBERT J DR 4491 WHISPER DRIVE PENSACOLA, FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FL 32501 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYNDER, ROBERT E 3434 N DR MARTIN LUTHER KING DRIVE PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, ROBERT J DR 4491 WHISPER DRIVE PENSACOLA, FL 32504 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 1 19, 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 it 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 61 7, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE KNEE, PRESIDENT/CEO 04/04/2006 850-433-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #