2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42926

1. Entity Name

HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90327 006 ****61.25

			GOO WE T	33.					
Principal Place of Business P. O. BOX 17897 PENSACOLA FL 32522-4887		Mailing Address P. O. BOX 17887 PENSACOLA FL 32522-4887			۷,		: 0 11 0 1821 0 1 0 (1 0 1 0 (1 0 1	ist B lass 2 44	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3	3060139	⊢	oplied For	
Zip Country		Zip Country			5. Certificate of Statu	us Desired	\$9.75		
S Name and Address of Courses		Indictored Agent			7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent			Name		7. Name and Addres	ss of New Neglac	ered Agent		
KNEE, DALE 2001 N PALAFOX ST S-E			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	DLA FL 32501		City				FL Zip Code	e	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent agent agent.	2	registered office or r	-\ <u>K</u>	ne	4/2	I am familiar with,	and accept	
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	\$5.00 May Be Added to Fees	Florida D	Check Payable epartment of S	State	
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS IN		
NAME STREET ADDRESS CITY-ST-ZIP	SD OXENHAM, RANDY 1401 N TARRAGONA STREET PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	838	mes, Barbara 33 N Davis Hw nsacola, FL	У	☐ 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		•		☐ 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				☐ 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				☐ 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				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLS, ROBERT J 500 N. PALAFOX ST PENSACOLA FL 32501	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	od in Sa	setion 119 07/2V/i) Flori	da Statistae I fusti	Change	Addition	

2. 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.

IGNATURE: WISDATORERSECUIDONE O. Knee 4/28/03 850/433-2154