

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90340 001 \*\*\*420.00

**DOCUMENT # N01000004545**

1. Entity Name  
THE HOSPICE OF NORTHWEST FLORIDA, INC.



Principal Place of Business  
5041 N 12TH AVENUE  
PENSACOLA, FL 32504

Mailing Address  
5041 N 12TH AVENUE  
PENSACOLA, FL 32504

**66008657**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2208300

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNEE, DALE  
5041 N 12TH AVENUE  
PENSACOLA, FL 32504

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

SIGNATURE

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, 2007**

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

TITLE PD ☐ Delete  
NAME KNEE, DALE O  
STREET ADDRESS 5041 N 12TH AVENUE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VD ☐ Delete  
NAME GURECK, BILL RADM USN  
STREET ADDRESS 3155 MARCUS PT BLVD  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE TD ☒ Delete  
NAME MCQUEEN, REBECCA H  
STREET ADDRESS 8383 N DAVIS HWY  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD ☒ Delete  
NAME CAVANAUGH, JOHN DR  
STREET ADDRESS 11000 UNIVERSITY PKWY  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE CD ☐ Delete  
NAME OXENHAM, RANDY C  
STREET ADDRESS 1401 N TARRAGONA ST  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D ☐ Delete  
NAME MILLS, ROBERT J DR  
STREET ADDRESS 4491 WHISPER DR  
CITY-ST-ZIP PENSACOLA, FL 32504

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Bill Greenhut  
STREET ADDRESS P.O. Box 12603  
CITY-ST-ZIP Pensacola, FL 32591

TITLE ☐ Change ☒ Addition  
NAME Claudia E. Espenscheid  
STREET ADDRESS 3867 West Madura Road  
CITY-ST-ZIP Gulf Breeze, FL 32563

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* Dale Knee

02/23/07

(850)433-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #