

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90394 008 \*\*\*\*70.00

DOCUMENT # N01000004547

1. Entity Name

COVENANT HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.



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

Mailing Address  
5041 N 12TH AVENUE  
PENSACOLA, FL 325804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-3060139

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

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 when 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 filing does not qualify for the exemptions contained in Chapter 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 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 KNEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE KNEE, PRESIDENT/CEO 04/04/2006

Date

850-433-2155

Daytime Phone #