

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004548

**FILED**  
**Feb 03, 2004**  
**Secretary of State****Entity Name:** COVENANT HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**PO BOX 17887  
PENSACOLA, FL 325224887**New Principal Place of Business:**2001 N. PALAFOX STREET  
PENSACOLA, FL 325012144**Current Mailing Address:**PO BOX 17887  
PENSACOLA, FL 325224887**New Mailing Address:**2001 N. PALAFOX STREET  
PENSACOLA, FL 325012144**FEI Number:** 59-3060139**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KNEE, DALE O  
2001 N PALAFOX STREET  
PENSACOLA, FL 32501 US**Name and Address of New Registered Agent:**KNEE, DALE O  
2001 N PALAFOX STREET  
PENSACOLA, FL 325012144 US

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.

SIGNATURE: DALE O. KNEE

02/03/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: KNEE, DALE O  
Address: 2001 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32501Title: VD ( ) Delete  
Name: MILLS, ROBERT J DR  
Address: 500 NORTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32501Title: TD ( ) Delete  
Name: THAMES, BARBARA  
Address: 8383 N DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514Title: CD ( ) Delete  
Name: SNYDER, ROBERT  
Address: 3435 N ALCANIZ STREET  
City-St-Zip: PENSACOLA, FL 32503Title: SD ( ) Delete  
Name: OXENHAM, RANDY  
Address: 1401 N TARRAGONA STREET  
City-St-Zip: PENSACOLA, FL 32514Title: D ( ) Delete  
Name: VICKERY, JAMES F  
Address: 2958 CORAL STRIP PKWY  
City-St-Zip: GULF BREEZE, FL 32561**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE O. KNEE

P

02/03/2004

Electronic Signature of Signing Officer or Director

Date