


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90297 005 \*\*\*\*61.25

<b>DOCUMENT # N01000004548</b> 1. Entity Name HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 2001 N. PALAFOX STREET PENSACOLA, FL 32501-2144			Mailing Address 2001 N. PALAFOX STREET PENSACOLA, FL 32501-2144		
2. Principal Place of Business 5041 N. 12TH AVENUE			3. Mailing Address 5041 N. 12TH AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PENSACOLA, FLORIDA			City & State PENSACOLA, FLORIDA		
Zip 32504		Country		Zip 32504	
Country		4. FEI Number 59-3060139			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KNEE, DALE O 2001 N PALAFOX STREET PENSACOLA, FL 32501-2144				7. Name and Address of New Registered Agent  Name KNEE, DALE O Street Address (P.O. Box Number is Not Acceptable)  5041 N. 12TH AVENUE City PENSACOLA, FL Zip Code 32504	
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 <u>Dale O. Knee</u> PRESIDENT/CEO <u>1/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNEE, DALE O 2001 N PALAFOX STREET PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNEE, DALE O 5041 N. 12TH AVENUE PENSACOLA, FLORIDA 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLS, ROBERT J DR 500 NORTH PALAFOX STREET PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OXENHAM, RANDY C 1401 N. TARRAGONA STREET PENSACOLA, FLORIDA 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THAMES, BARBARA - 8383 N DAVIS HIGHWAY PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAVANAUGH, DR. JOHN - 11000 UNIVERSITY PARKWAY PENSACOLA, FLORIDA 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SNYDER, ROBERT 3435 N ALCANIZ STREET PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCQUEEN, REBECCA H 8383 N. DAVIS HIGHWAY PENSACOLA, FLORIDA 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OXENHAM, RANDY 1401 N TARRAGONA STREET PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MILLS, DR. ROBERT J 4491 WHISPER DRIVE PENSACOLA, FLORIDA 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICKERY, JAMES F 2958 CORAL STRIP PKWY GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, ROBERT E 3434 N. DR. MARTIN LUTHER KING DRIVE PENSACOLA, FLORIDA 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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.					
SIGNATURE: <u>Dale O. Knee</u> PRESIDENT/CEO <u>1/28/05</u> (850) 433-2155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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