

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004548

FILED
Apr 29, 2008
Secretary of State

Entity Name: HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

5041 N. 12TH AVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5041 N. 12TH AVE
PENSACOLA, FL 32504

New Mailing Address:

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
5041 N. 12TH AVE
PENSACOLA, FL 325012144 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNEE, DALE O
Address: 5041 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: GURECK, BILL R USN
Address: 3155 MARCUS PT BLVD
City-St-Zip: PENSACOLA, FL 32505

Title: TD () Delete
Name: ESPENSCHIED, CLAUDIA E
Address: 3937 WEST MADURA ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: GREENHUT, BILL
Address: P O BOX 12603
City-St-Zip: PENSACOLA, FL 32591

Title: CD () Delete
Name: OXENHAM, RANDY C
Address: 1401 N TARRAGONA ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: MILLS, ROBERT J DR
Address: 4491 WHISPER DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: OXENHAM, RANDY C
Address: 1401 N. TARRAGONA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD (X) Change () Addition
Name: ESPENSCHIED, CLAUDIA E
Address: 600 S. BARRACKS STREET, SUITE 210
City-St-Zip: PENSACOLA, FL 32502

Title: SD (X) Change () Addition
Name: SCHLENKER, PATRICK A
Address: 1360 BRICKYARD ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: VD (X) Change () Addition
Name: HERR, ROBIN D
Address: 715 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date