2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004548

1. Entity Name

COVENANT HOSPICE FOUNDATION, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90327 005 ****61.25

PO BOX 17887 PENSACOLA FL 23224887 PENSACOLA FL 23224487 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number NOT APPLICABLE Applied For Not Applicable Not Applicable Not Applied For Not Applicable Not Applicable Not Applied For Not Applicable Replaying the Replaying to the Replaying the Rep
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Suite, Apt. #. etc. GHECK HERE IF MAKING CHANGES City & State A. FEI Number NOT APPLICABLE Applied For Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable St. 75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Street Address of New Registered Agent Name KNEE, DALE 0 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8.45 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, topsad or printed name of registered agent ag
City & State Country S. Certificate of Status Desired Desired Status Desired Desi
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent KNEE, DALE 0 2001 N PALAFOX STREET PENSACOLA FL 32501 City FL Zip Code 8.4The 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. (NOTE Registered Agent signature received After reflectating) DATE Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIREET ADDRESS 201 N PALAFOX STREET PENSACOLA FL 32501 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Statistics CITY-ST-ZIP PENSACOLA FL 32501 TITLE NAME SIREET ADDRESS SIREET ADDRE
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8.**The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature
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TITLE TD Delete TITLE Change Addition
NAME THAMES, BARBARA NAME STREET ADDRESS 8383 N DAVIS HIGHWAY STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP
TITLE CD Delete TITLE Change Addition
NAME SNYDER, ROBERT NAME
STREET ADDRESS 3435 N ALCANIZ STREET STREET STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP
TITLE SD Delete TITLE Change Addition
NAME OXENHAM, RANDY STREET ADDRESS 1401 N TARRAGONA STREET NAME STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
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.