

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42926

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** COVENANT HOSPICE FOUNDATION, 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  
5041 N. 12TH AVE  
PENSACOLA, FL 32504 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  
Name: KNEE, DALE O  
Address: 5041 NORTH 12TH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: CD  
Name: HERR, ROBIN D  
Address: 1105 WILLOWOOD CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: TD  
Name: REMKE, ADRIAN P  
Address: 513 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: SD  
Name: SLYKE, BOB V  
Address: 222 N. SPRING STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: VCD  
Name: CAMPBELL, JAMES S ESQ  
Address: 501 COMMEDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D  
Name: CAMPBELL, JAMES S ESQ  
Address: 501 COMMEDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby 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 all other like empowered.

SIGNATURE: DALE O KNEE

CEO

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date