

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004548

Entity Name: HOSPICE FOUNDATION OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**5041 N. 12TH AVE
PENSACOLA, FL 32504**Current Mailing Address:**5041 N. 12TH AVE
PENSACOLA, FL 32504**FEI Number: 59-3060139****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KNEE, DALE O
5041 N. 12TH AVE
PENSACOLA, FL 32501-2144 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT/CEO
Name	KNEE, DALE O
Address	5041 N. 12TH AVE
City-State-Zip:	PENSACOLA FL 32504

Title	PAST CHAIRMAN
Name	HERR, ROBIN D
Address	1105 WILLOWOOD CIRCLE
City-State-Zip:	GULF BREEZE FL 32563

Title	TREASURER
Name	MILLS, ROBERT
Address	4491 WHISPER DRIVE
City-State-Zip:	PENSACOLA FL 32504

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

Title	CHAIRMAN
Name	CAMPBELL, JAMES ESQ
Address	501 COMMENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502

Title	VICE CHAIRMAN
Name	PERTERSON, BOB
Address	8383 NORTH DAVIS HIGHWAY
City-State-Zip:	PESACOLA FL 32514

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**PRESIDENT/CEO****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date