

2016 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:

MISLEVY, JEFF
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: JEFF MISLEVY

02/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name REYNOLDS, HARRIS
Address 1020 STORMY TERRACE
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY
Name SANTOS, TERESA DOS
Address 20 E. CEDAR STREET
City-State-Zip: PENSACOLA FL 32502

Title CHAIRMAN
Name GREENHUT, BILL
Address P.O. BOX 12603
City-State-Zip: PENSACOLA FL 32591

Title VICE CHAIRMAN
Name YOUNG, JARL T
Address ONE ENERGY PLACE
City-State-Zip: PESACOLA FL 32520

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: JEFF MISLEVY

PRESIDENT/CEO

02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date