

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 11:53

DOCUMENT # 743967 (2)

1. Corporation Name  
WALTON COUNTY CONVALESCENT CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
WALTON COUNTY COURTHOUSE WALTON COUNTY COURTHOUSE  
NELSON AVE NELSON AVE  
DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified 08/17/1978 3a. Date of Last Report 05/01/1994  
4. FEI Number 95-2301514 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE RALPH MILLER, ESQ.  
105 E NELSON AVE  
P.O. BOX 687  
DEFUNIAK SPRINGS FL 32433

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEN, SAM	1.2 NAME	
STREET ADDRESS	RT 3 BOX 151-A	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS CHARLES C	2.2 NAME	
STREET ADDRESS	P.O. BOX 1260	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRING FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROISER CUCHENS	3.2 NAME	
STREET ADDRESS	P.O. BOX 1260	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRING FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, GORDON	4.2 NAME	
STREET ADDRESS	RT 1 BOX 399	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	DR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNIE MOORE	5.2 NAME	
STREET ADDRESS	P.O. BOX 1260	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon Porter* Gordon Porter 3-21-95 (904)892-8115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)