

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **743967** (2)  
1. Corporation Name  
**WALTON COUNTY CONVALESCENT CENTER, INC.**



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

3. Date Incorporated or Qualified **08/17/1978** 3a. Date of Last Report **04/12/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**GEORGE RALPH MILLER, ESQ.  
105 E NELSON AVE  
P.O. BOX 687  
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIDGEN, SAM	
STREET ADDRESS	RT 3 BOX 151-A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRIS CHARLES C	
STREET ADDRESS	P.O. BOX 1260	
CITY-ST-ZIP	DEFUNIAK SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROISER CUCHENS	
STREET ADDRESS	P.O. BOX 1260	
CITY-ST-ZIP	DEFUNIAK SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, GORDON	
STREET ADDRESS	RT 1 BOX 399	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	JOHNNIE MOORE	
STREET ADDRESS	P.O. BOX 1260	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: *Sam Pridgen* 2-13-96 904-892-5753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)