


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743967 (2)
1. Corporation Name
WALTON COUNTY CONVALESCENT CENTER, INC.



Principal Place of Business WALTON COUNTY COURTHOUSE NELSON AVE DEFUNIAK SPRINGS FL 32433	Mailing Address WALTON COUNTY COURTHOUSE NELSON AVE DEFUNIAK SPRINGS FL 32433
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3. Date Incorporated or Qualified 08/17/1978	3a. Date of Last Report 02/21/1996
4. FEI Number 95-2301514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEN, SAM	1.2 NAME	William A. "Bill" Young
STREET ADDRESS	RT 3 BOX 151-A	1.3 STREET ADDRESS	571 Hwy 90 E.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS CHARLES C	2.2 NAME	Joel Paul, Jr.
STREET ADDRESS	P.O. BOX 1260	2.3 STREET ADDRESS	571 Hwy 90 E.
CITY-ST-ZIP	DEFUNIAK SPRING FL	2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROISER CUCHENS	3.2 NAME	Van Ness Butler
STREET ADDRESS	P.O. BOX 1260	3.3 STREET ADDRESS	571 Hwy 90 E.
CITY-ST-ZIP	DEFUNIAK SPRING FL	3.4 CITY-ST-ZIP	DEFUNIAK Spgs, FL 32435
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, GORDON	4.2 NAME	3.4.97
STREET ADDRESS	RT 1 BOX 399	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DR <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNIE MOORE	5.2 NAME	Randall Infinger
STREET ADDRESS	P.O. BOX 1260	5.3 STREET ADDRESS	571 Hwy 90 E.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	DEFUNIAK Spgs, FL 32435
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	400002104444
NAME		6.2 NAME	-03/05/97--01009--027
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAY/TIME PHONE # 9077826

CR2E037 (9/96)