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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743967

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Walton County Convalescent Center

27 Walton County Courthouse

08/17/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 785 South 2nd Street

27 P.O. Box 1260

95-2301514

Not Applicable

23 Defuniak Springs, FL

28 Defuniak Springs, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32433

25 Walton

29 32435

30 Walton

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 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

George R. Miller, County Attorney

2-2-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D YOUNG, WILLIAM "BILL" A. DELETE
NAME
STREET ADDRESS 571 HWY 90 E.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

1.1 TITLE
1.2 NAME Herman Walker
1.3 STREET ADDRESS 571 U.S. HWY 90 E
1.4 CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE D PAUL, JOEL JR. DELETE
NAME
STREET ADDRESS 571 HWY 90 E.
CITY-ST-ZIP DEFUNIAK SPRING FL 32433

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D VAN NESS, BUTLER DELETE
NAME
STREET ADDRESS 571 HWY 90 E.
CITY-ST-ZIP DEFUNIAK SPRING FL 32433

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D PORTER, GORDON DELETE
NAME
STREET ADDRESS RT 1 BOX 399
CITY-ST-ZIP DEFUNIAK SPRINGS FL

4.1 TITLE
4.2 NAME Gene RYAN
4.3 STREET ADDRESS 571 U.S. HWY 90 E
4.4 CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE D INFINGER, RANDALL DELETE
NAME
STREET ADDRESS 571 HWY 90 E.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

Joel Paul, Jr. 2-2-99 850-892-8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)