


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90118 049 ****61.25

DOCUMENT # F9600001239			
1. Entity Name SOUTH CENTRAL NURSING HOMES, INC.			
Principal Place of Business 602 COURTLAND STREET STE 200 ORLANDO, FL 32804		Mailing Address 602 COURTLAND STREET STE 200 ORLANDO, FL 32804	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262004 Chg-NP CR2E037 (10/03)

4. FEI Number 61-1242373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIMBLE, T.L. 111 N. ORLANDO AVE. WINTER PARK, FL 32789-3675	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARUBBA, HENRY 1672 SWEETWATER CIRCLE WEST APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD ELLIOTT 156 LANCER OAK DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVD HOATSON, TIM 2127 S TERRACE BLVD LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, WILLIAM E 1417 VALLEY PINE CIR APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD COE, WALLACE O PO BOX 6330 DELTONA, FL 32728 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 SYLVIA DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ROLL, HAROLD 729 MAY DAY DRIVE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMP, VANN D 500 WHISPHER WOOD DR LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vann D. Camp **Vann D. Camp** 4/30/04 407-975-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
14019702
#F96000001239

SOUTH CENTRAL NURSING HOMES, INC.

OFFICERS AND BOARD OF DIRECTORS

***William E. Jones, Chairman**
1417 Valley Pine Circle
Apopka, FL 32712

407-886-9512

***Tim Hoatson, Vice-Chairman**
2127 South Terrace Blvd.
Longwood, FL 32779

407-862-4255 Cell: 407-832-2663

***Vann D. Camp, President**
500 Whisper Wood Drive
Longwood, FL 32779

407-788-7928

***Wallace Coe, Secretary**
925 Sylvia Drive
Deltona, FL 32725

386-532-1732

***Bernard Elliott, Treasurer**
156 Lancer Oak Drive
Apopka, FL 32712

407-889-3398

***Harold Roll, Assistant Secretary**
729 May Day Drive
Apopka, FL 32712

407-886-3799

J. Deryl Knutson
Southwestern Union Conference of SDA
777 South Burleson Boulevard
Burleson, TX 76028

817-295-0476

Homer Grove
100 Smokerise Blvd.
Longwood, FL 32779

407-862-7248 Cell: 407-497-8611

Robert Murphy
117 Spring Chase Circle
Altamonte Springs, FL 32714

407-862-2811 Cell: 407-898-0833

Hubert Moog
36820 Sundance Drive
Grand Island, FL 32725

352-357-7424

*** Officers**

01/01/04