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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N15153

1. Corporation Name
ANNIE W. JOHNSON SENIOR SERVICE CENTER, INCORPOR ATED

Principal Place of Business	Mailing Address
1991 TEST ST. P.O.BOX 1951 DUNNELLON FL 32630	1991 TEST ST. P.O.BOX 1951 DUNNELLON FL 32630

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 05/29/1986 4. FEI Number 59-2757655 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, ANNIE W. TEST ST. WEST DUNNELLON FL 32630	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ALLEN, CAROL L		1.2 NAME		
STREET ADDRESS	10099 N CAMAE PT		1.3 STREET ADDRESS	Al Martinez P.O. Box 328	
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY-ST-ZIP	Dunnellon, FL 34430	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRUEGER, GEORGE J		2.2 NAME		
STREET ADDRESS	9582 SW 195TH CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ANNIE W.		3.2 NAME		
STREET ADDRESS	TEST ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, JERRY		4.2 NAME		
STREET ADDRESS	P.O. BOX 226 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN, DORIS E		5.2 NAME		
STREET ADDRESS	22875 SW 117TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COTHERN, JOAN C		6.2 NAME		
STREET ADDRESS	P. O. BOX 2048 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 3-9-99 (352) 489-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #