

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
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 Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code 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	
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, WILLIAM "BILL" A.
STREET ADDRESS	571 HWY 90 E.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D <input type="checkbox"/> DELETE
NAME	PAUL, JOEL JR.
STREET ADDRESS	571 HWY 90 E.
CITY-ST-ZIP	DEFUNIAK SPRING FL 32433
TITLE	D <input type="checkbox"/> DELETE
NAME	VAN NESS, BUTLER
STREET ADDRESS	571 HWY 90 E.
CITY-ST-ZIP	DEFUNIAK SPRING FL 32433
TITLE	D <input type="checkbox"/> DELETE
NAME	PORTER, GORDON
STREET ADDRESS	RT 1 BOX 399
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	INFINGER, RANDALL
STREET ADDRESS	571 HWY 90 E.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
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 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 in an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED

CR2E037 (10/97)