

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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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**
Suite, Apt. #, etc.
22 **785 South 2nd Street**
City & State
23 **Defuniak Springs, FL**
Zip
24 **32433**
25 **Walton**
26 **Walton County Courthouse**
Suite, Apt. #, etc.
27 **P.O. Box 1260**
City & State
28 **Defuniak Springs, FL**
Zip
29 **32435**
30 **Walton**

4. FEI Number
95-2301514

Applied For
Not Applicable

5. Certificate 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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" 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 checked="" 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		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Herman Walkee	
1.3 STREET ADDRESS	571 U.S. HWY 90 E	
1.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
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 checked="" type="checkbox"/> Addition
4.2 NAME	Gene RYAN	
4.3 STREET ADDRESS	571 U.S. HWY 90 E	
4.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
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 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)