

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744428** (4)

1. Corporation Name
GRACEVILLE AREA CONVALESCENT CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4865 BLUE SPRINGS RD. MARINNA FL 32446 <i>Chanley Center Ch.</i>		2864 MADISON STREET MARIANNA FL 32446 US	
2. Principal Place of Business	2a. Mailing Address	C/O J.E.C.C.	
21	26	1083 SANDERS AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	GRACEVILLE, FL 32440	
22	27	City & State	
23	28	City & State	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/29/1978	07/19/1994
4. FEI Number	Applied For
58-1053272	Net 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON COUNTY BOARD OF COMMISSIONERS 2864 MADISON STREET MARIANNA FL 32446				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKEY, CHUCK	12 NAME	
STREET ADDRESS	4506 PUTNAM STREET	13 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	14 CITY, ST, ZIP	
TITLE	CCD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CHANLEY W. <i>DISREGARD</i>	22 NAME	
STREET ADDRESS	6314 PEPPER LANE <i>LINES</i>	23 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	24 CITY, ST, ZIP	
TITLE	CCD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORES, SIDNEY <i>MAX THOMAS</i>	32 NAME	
STREET ADDRESS	1894 MUTUAL ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446 <i>GRACEVILLE, FL</i>	34 CITY, ST, ZIP	
TITLE	COBD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, AL	42 NAME	
STREET ADDRESS	4865 BLUE SPRINGS ROAD	43 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	44 CITY, ST, ZIP	
TITLE	CCD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, WILLIE E.	52 NAME	
STREET ADDRESS	4818 EBONY COURT	53 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	54 CITY, ST, ZIP	
TITLE	CA	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMRICH HAROLD	62 NAME	
STREET ADDRESS	2864 MADISON STREET	63 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL 32446	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 prepared by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE *Chanley W. Carter* *Chanley Carter 5/2/95 (904) 782-9633*