

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744428 (4)
1. Corporation Name
GRACEVILLE AREA CONVALESCENT CENTER, INC.



Principal Place of Business Mailing Address
CHANLEY CARTER
5314 PEPPER LANE
MARIANNA FL 32446
US
CIO J.C.B.C.
1083 SANDERS AVE
GRACEVILLE FL 32440
US

3. Date Incorporated or Qualified **09/29/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 WILLIE E. SPIRES Suite, Apt. #, etc. 22 2864 MADISON STREET City & State 23 MARIANNA, FL Zip 24 32448 Country 25 JACKSON	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 58-1053272	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JACKSON COUNTY BOARD OF COMMISSIONERS
2864 MADISON STREET
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 32448
83	
84 City	

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	CCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKEY, CHUCK	1.2 NAME	
STREET ADDRESS	4506 PUTNAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	
TITLE	CCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CHANLEY W.	2.2 NAME	
STREET ADDRESS	5314 PEPPER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	CCD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MAX	3.2 NAME	
STREET ADDRESS	1894 MUTUAL ROAD	3.3 STREET ADDRESS	1567 MAX LANE
CITY-ST-ZIP	GRACEVILLE FL	3.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	COBD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, AL	4.2 NAME	
STREET ADDRESS	4965 BLUE SPRINGS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	4.4 CITY-ST-ZIP	
TITLE	CCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, WILLIE E.	5.2 NAME	
STREET ADDRESS	4818 EBONY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	5.4 CITY-ST-ZIP	
TITLE	CA <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMRICH HAROLD	6.2 NAME	
STREET ADDRESS	2864 MADISON STREET	6.3 STREET ADDRESS	MARIANNA, FL 32448
CITY-ST-ZIP	MARIANNA FL 32446	6.4 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 119.07(3)(k), 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.

SIGNATURE:

Chuck Locke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

904-482-9633

Daytime Phone #

CR2E037 (12/95)