

**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  
**CHANLEY CARTER  
5314 PEPPER LANE  
MARIANNA FL 32446  
US**

Mailing Address  
**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** 2a. Mailing Address  
**26**

Suite, Apt. #, etc. **22 2864 MADISON STREET** Suite, Apt. #, etc. **27**

City & State **23 MARIANNA, FL** City & State **28**

Zip **24 32448** Country **25 JACKSON** Zip **29** Country **30**

4. FEI Number **58-1053272** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKEY, CHUCK</b>	1.2 NAME	
STREET ADDRESS	<b>4506 PUTNAM STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, CHANLEY W.</b>	2.2 NAME	
STREET ADDRESS	<b>5314 PEPPER LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CCD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MAX</b>	3.2 NAME	
STREET ADDRESS	<b>1894 MUTUAL ROAD</b>	3.3 STREET ADDRESS	<b>1567 MAX LANE</b>
CITY-ST-ZIP	<b>GRACEVILLE FL</b>	3.4 CITY-ST-ZIP	<b>GRACEVILLE, FL 32440</b>
TITLE	<b>COBD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, AL</b>	4.2 NAME	
STREET ADDRESS	<b>4965 BLUE SPRINGS ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIRES, WILLIE E.</b>	5.2 NAME	
STREET ADDRESS	<b>4818 EBONY COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	5.4 CITY-ST-ZIP	
TITLE	<b>CA</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMRICH HAROLD</b>	6.2 NAME	
STREET ADDRESS	<b>2864 MADISON STREET</b>	6.3 STREET ADDRESS	<b>MARIANNA, FL 32448</b>
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	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 2/27/96 904-482-9633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)