

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 19 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 # 744428 (4)  
1. Corporation Name  
GRACEVILLE AREA CONVALESCENT CENTER, INC.



Principal Place of Business SPIRES, WILLIE E. 2864 MADISON ST MARIANNA FL 32448 US	Mailing Address C/O J.C.B.C. 1083 SANDERS AVE GRACEVILLE FL 32440 US
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3. Date Incorporated or Qualified  
09/29/1978

4. FEI Number 58-1053272	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 c/o Brookwood-Jackson CCC Suite, Apt. #, etc. 27 Bay Point Box 27790 City & State 28 Panama City Beach, FL Zip 29 32411 Country 30 USA
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKEY, CHUCK	1.2 NAME	
STREET ADDRESS	4508 PUTNAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	
TITLE	CCD	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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MAX	3.2 NAME	
STREET ADDRESS	1567 MAX LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	3.4 CITY-ST-ZIP	
TITLE	CCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, MILTON	4.2 NAME	
STREET ADDRESS	6388 LOVEDALE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BASCOM FL	4.4 CITY-ST-ZIP	
TITLE	CCD	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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WENDELL	6.2 NAME	
STREET ADDRESS	2864 MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie E. Spires

Date

Daytime Phone #

8/11/98

850-482-9633

CR2E037 (5/98)