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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744428

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 BROOKWOOD-JACKSON CCC
 BAY POINT BOX 27790
 PANAMA CITY BCH FL 32411
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/29/1978

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

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

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

TITLE	CCD	<input type="checkbox"/> DELETE
NAME	LOCKEY, CHUCK	
STREET ADDRESS	4506 PUTNAM STREET	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	CCD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, CHANLEY W.	
STREET ADDRESS	5314 PEPPER LANE	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	CCD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MAX	
STREET ADDRESS	1567 MAX LANE	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	CCD	<input type="checkbox"/> DELETE
NAME	PITTMAN, MILTON	
STREET ADDRESS	6386 LOVEDALE RD	
CITY-ST-ZIP	BASCOM FL	
TITLE	CCD	<input type="checkbox"/> DELETE
NAME	SPIRES, WILLIE E.	
STREET ADDRESS	4818 EBONY COURT	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	CA	<input type="checkbox"/> DELETE
NAME	TAYLOR, WENDELL	
STREET ADDRESS	2864 MADISON ST	
CITY-ST-ZIP	MARIANNA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ted Tyus
2.3 STREET ADDRESS	2864 Madison St.
2.4 CITY-ST-ZIP	Marianna, FL 32448
3.1 TITLE	CCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard Glass
3.3 STREET ADDRESS	2864 Madison St.
3.4 CITY-ST-ZIP	Marianna, FL 32448
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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]* 3/9/99 850-482-9633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/1/98)