


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90058 027 ****61.25

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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/29/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1053272	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. 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			
				85 Zip Code			
				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 _____ (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 checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" 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 checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" 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	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PITTMAN, MILTON			4.2 NAME			
STREET ADDRESS	6386 LOVEDALE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BASCOM FL			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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  3/9/99 850-482-9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)