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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

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0009863

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 745678**

1. Corporation Name

**GULF COAST CONVALESCENT CENTER, INC.**

Principal Place of Business  
 1937 JENKS AVE  
 PANAMA CITY FL 32405

Mailing Address  
 1937 JENKS AVE  
 PANAMA CITY FL 32405



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 95-2301514

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be  
 Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRICKLAND, ROGER  
 1937 JENKS AVE  
 PANAMA CITY FL 32405**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **MATHISON, SI**  
 STREET ADDRESS **800 SKYLAND AVE**  
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **PD** ☐ DELETE

NAME **COMMANDER, WILLIE SR.**  
 STREET ADDRESS **4430 GARRISON ROAD**  
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **MTDS** ☐ DELETE

NAME **STICKLAND, ROGER**  
 STREET ADDRESS **1937 JENKS AVENUE**  
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 850  
 769-76810  
 Date Daytime Phone #

CR2E037 (1/98)