


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90187 011 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # F98000002962 1. Entity Name GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC. | | | |  | |
| Principal Place of Business 190 LIGHTKEEPERS DR. PORT ST. JOE, FL 32456 | | | Mailing Address PO BOX 311710 ENTERPRISE, AL 36331-1710 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address INTEGRAS Suite, Apt. #, etc. 3015 JEFFERSON ST. STE. C | | | |
| City & State | | City & State MARIANNA FL | | 4. FEI Number 63-1192532 | |
| Zip | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM C 190 LIGHTKEEPERS DR. PORT ST. JOE, FL 32456 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, WILLIAM C 190 LIGHTKEEPERS DR. PORT ST. JOE, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MCCREARY, ALBERT JR. 511 EAST PARK AVENUE ENTERPRISE, AL 36330 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Chauncey Belser</u> CHAUNCEY BELSER 4-24-04 850 556 3067 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |