

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H58910** (1)
1. Corporation Name
RIVENDELL OF BAY COUNTY, INC.



Principal Place of Business Mailing Address
~~ATTN: ALICE WILLIAMS~~ 1940 HARRISON AVE. PANAMA CITY FL 32405 US
~~ATTN: ALICE WILLIAMS~~ 3401 W. END AVE., S-500 NASHVILLE TN 37203 US

3. Date Incorporated or Qualified **05/23/1985** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-2810347** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 **1940 Harrison Avenue** 2a. Mailing Address 26 **3401 West End Ave**
22 Suite, Apt. #, etc. 27 **Suite 500**
23 City & State 28 **City & State**
24 Zip 25 **Country** 29 Zip 30 **Country**

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent (if applicable) DATE _____ Date of Agent signature required when applicable

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, TOMMY W.	
STREET ADDRESS	3401 W END STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BAIRSTOW, JEFFREY J.	
STREET ADDRESS	3401 W END STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, F. C	
STREET ADDRESS	3401 W. END AVE., STE. 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	EVPS	<input checked="" type="checkbox"/> DELETE
NAME	LASSITER, DAVID L.	
STREET ADDRESS	3401 WEST END STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	UNDERWOOD, JOHN	
STREET ADDRESS	500 WEST MONROE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, DAVID	
STREET ADDRESS	ONE EMBARCADERO CENTER	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SEE ATTACHED	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Edmunds John Edmunds, Secretary 5/21/96 615-383-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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Rivendell of Bay County, Inc.
FEI # 59-2810347

Document # H58910 (1)

Rivendell of Bay County

BOARD OF DIRECTORS

H. Neil Campbell
3401 West End Avenue, Suite 500
Nashville, TN 37203

Bill R. Vickers
3401 West End Avenue, Suite 500
Nashville, TN 37203

OFFICERS

H. Neil Campbell, President / CEO
3401 West End Avenue, Suite 500
Nashville, TN 37203

Bill R. Vickers, Sr. Vice President / COO
3401 West End Avenue, Suite 500
Nashville, TN 37203

John C. Edmunds, Vice President / Secretary
3401 West End Avenue, Suite 500
Nashville, TN 37203