

FILED  
Aug 30, 2004 8:00 am  
Secretary of State

07-26-2004 90012 038 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # N04000000117</b>  |   |                                |  |
| 1. Entity Name<br><b>FRIENDS OF THE CLIFFORD C. SIMS STATE VETERANS NURSING HOME, INC.</b>  |   |   |  |
| Principal Place of Business<br><b>4419 TRAM RD<br/>SPRINGFIELD, FL 32404</b>  |   | Mailing Address<br><b>4419 TRAM RD<br/>SPRINGFIELD, FL 32404</b>  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |
| City & State  |   | City & State  |  |
| Zip   | Country   | Zip   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                 |  |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |  |
| <b>WILLIAMS, WILLIAM R<br/>1000 CG COSTIN, SR BLVD<br/>PORT ST JOE, FL 32456</b>  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                           |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |   |   |  |
| Filing Fee is \$61.25<br>Due by September 8, 2004   |   | 9. Election Campaign Financing<br>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 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>CARROLL, RAY<br>12851 JEFFERSON BLVD<br>MARIANNA, FL 32448 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VCD<br>SIMMONS, AMY<br>1331 SOUTH BLVD<br>CHIPLEY, FL 32428 <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SUMNER, DON<br>647 JENKS AVE<br>PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Vacant</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GREENE, SILAS R<br>20859 SE VENTRAL AVE E, ROOM 4<br>BLOUNTSTOWN, FL 32324 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCOTT, WILLIAM E<br>FRANKLIN COUNTY COURTHOUSE, 33 MARKET ST<br>APALACHICOLA, FL 32320 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILLIAMS, WILLIAM R<br>1000 CG COSTIN, SR BLVD, ROOM 309<br>PORT ST JOE, FL 32456 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 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 617, 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 <i>G. Ray Carroll</i> <b>G. Ray Carroll</b>   |   | 7/22/04 850 718 0003  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |  |