

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90050 037 ****61.25

DOCUMENT # N04000000117

1. Entity Name
**FRIENDS OF THE CLIFFORD C. SIMS STATE VETERANS
NURSING HOME, INC.**



Principal Place of Business
**4419 TRAM RD
SPRINGFIELD, FL 32404**

Mailing Address
**4419 TRAM RD
SPRINGFIELD, FL 32404**



03172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
34-1976410

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, WILLIAM R
1000 CG COSTIN, SR BLVD
PORT ST JOE, FL 32456**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CARROLL, RAY
12851 JEFFERSON BLVD
MARIANNA, FL 32448** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
SIMMONS, AMY
1331 SOUTH BLVD
CHIPLEY, FL 32428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREENE, SJLAS R
20859 SE VENTRAL AVE E, ROOM 4
BLOUNTSTOWN, FL 32324** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John Turner
2851 Jefferson St
Marianna FL 32448** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCOTT, WILLIAM E
FRANKLIN COUNTY COURTHOUSE, 33 MARKET ST
APALACHICOLA, FL 32320** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, WILLIAM R
1000 CG COSTIN, SR BLVD, ROOM 309
PORT ST JOE, FL 32456** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Joey marsh D
812 B Sunkesha St
Bonifay FL 32425** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Danny W. Woods
812 B Sunkesha St
Bonifay FL 32425** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *G. Ray Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Ray Carroll

3/17/05

Date

850 784 4044

Daytime Phone #