## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N0400000117



**FILED** Jan 26, 2006 8:00 am Secretary of State

1. Entity Name FRIENDS OF THE CLIFFORD C. SIMS STATE VETERANS NURSING HOME, INC.					18		01-26-2006 90046 038 ****61.25					
4419 TRAM RD 4		4419	Mailing Address 4419 TRAM RD SPRINGFIELD, FL 32404		_		to the second of					
Principal Place of Business     3. Mailin			ng Address									
Suite, Apt. #, etc.		Suil	Suite, Apt. #, etc.		*;	01032006	Chg-N	<b>√</b> P	CR2E03	7 (11/05)		
City & State			City	& State			4. FEI Numb 34-197				<u> </u>	oplied For ot Applicable
Zip	Zip Country Zi		Zip				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and	Address	of New R	egistered A	\gent	
18/11 1 10 840	14/11 1 1A K	4 B			1	Name						
WILLIAMS, WILLIAM R 1000 CG COSTIN, SR BLVD PORT ST JOE, FL 32456			Street Addre		Street Address	(P.O. Box Numb	er is Not	Acceptable	9)			
					(	Dity				FL	Zip Cod	e
	named entit	y submits this statement tered agent.	for the purpo	se of changing its r	registered :	office or registe	ered agent, or bo	th, in the	State of Fid	orida. I am f	amiliar with,	and accept
SIGNATURE .	Stonet as bened				<b>5</b> - 1 - 1 - 1 - 1	ant dispature convice						
	Signature, typeo	for printed name of registered age	nt and title if appli	cable. (NOTE:	: Hegistered Aç	eut alfagrate redaile	ed when reinstating)			DATE		
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Indicated on this report or supplied with this tilling does not quality for the exemptions contained in Chapter 119, 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.

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