

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90025 015 \*\*\*\*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**

**50000712**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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, 2007**

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

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

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

TITLE **D** ☐ Delete  
NAME **MANGH, JOEY D**  
STREET ADDRESS **8128 S WEEKESHA ST**  
CITY-ST-ZIP **BONIFAY, FL 32425**

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

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

TITLE **D** ☐ Delete  
NAME **TURNER, JOHN**  
STREET ADDRESS **2851 JEFFERSON SE**  
CITY-ST-ZIP **MARIANNA, FL 32448**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Marsh, Joey D**  
STREET ADDRESS **8128 S weekesha st**  
CITY-ST-ZIP **Bonifay FL 32425**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: **G. Ray Carroll** *A Ray Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-07**

Date

**850 784 4044**

Daytime Phone #