


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90058 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1976410	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D CARROLL, RAY 12851 JEFFERSON BLVD MARIANNA, FL 32448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SIMMONS, AMY 1331 SOUTH BLVD CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, JOEY D 8128 S WEEKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOTT, WILLIAM E FRANKLIN COUNTY COURTHOUSE, 33 MARKET ST APALACHICOLA, FL 32320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD James C. Kennedy 1000 Cecil G. Costin Sr Blvd Port St Joe FL 32456-1647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILLIAM R 1000 CG COSTIN, SR BLVD, ROOM 309 PORT ST JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JOHN 2851 JEFFERSON SE MARIANNA, FL 32448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>James C. Kennedy</u> James C. Kennedy 1/16/08 (850) 229-6125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					