

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000117

FILED
Mar 05, 2009
Secretary of State

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

Current Principal Place of Business:

4419 TRAM RD
SPRINGFIELD, FL 32404

New Principal Place of Business:

Current Mailing Address:

4419 TRAM RD
SPRINGFIELD, FL 32404

New Mailing Address:

FEI Number: 34-1976410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCOTT, WILLIAM E
33 MARKET STREET, ROOM 203
FRANKLIN COUNTY COURTHOUSE
APALACHICOLA, FL 32320 US

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.

SIGNATURE: WILLIAM E. SCOTT

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARROLL, RAY
Address: 12851 JEFFERSON BLVD
City-St-Zip: MARIANNA, FL 32448

Title: VCD () Delete
Name: SIMMONS, AMY
Address: 1331 SOUTH BLVD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: MARSH, JOEY D
Address: 8128 S WEEKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: CD () Delete
Name: KENNEDY, JAMES C
Address: 1000 CECIL G COSTIN SR BLVD
City-St-Zip: PORT SAINT JOE, FL 324561647

Title: D () Delete
Name: WILLIAMS, WILLIAM R
Address: 1000 CG COSTIN, SR BLVD, ROOM 309
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: TURNER, JOHN
Address: 2851 JEFFERSON SE
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCOTT, WILLIAM E
Address: 33 MARKET STREET, ROOM 203
City-St-Zip: APALACHICOLA, FL 32320 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. KENNEDY

CD

03/05/2009

Electronic Signature of Signing Officer or Director

Date