## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N0400000117

FILED Jan 04, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4419 TRAM RD 4419 TRAM ROAD

SPRINGFIELD, FL 32404 SPRINGFIELD, FL 32404

Current Mailing Address: New Mailing Address:

4419 TRAM RD 4419 TRAM ROAD

SPRINGFIELD, FL 32404 SPRINGFIELD, FL 32404

FEI Number: 34-1976410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, WILLIAM E SCOTT, WILLIAM E

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

33 MARKET STREET, ROOM 203
FRANKLIN COUNTY COURTHOUSE
APALICHICOLA, 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 01/04/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: O

Name: CARROLL, GORDON R Address: 840 W 11TH ST

City-St-Zip: PANAMA CITY, FL 32401 US

Title: O

Name: HYATT, CHRISTOPHER A Address: 1331 SOUTH BLVD City-St-Zip: CHIPLEY, FL 32428 US

Title: D

Name: MARSH, JOEY D Address: 812-B S WAUKESHA ST City-St-Zip: BONIFAY, FL 32425 US

Title: C

Name: KENNEDY, JAMES C

Address: 1000 CECIL G COSTIN SR BLVD City-St-Zip: PORT ST JOE, FL 32456 US

Title: AD

Name: KELLEY, MARK

Address: 63 BOPETE MANOR ROAD City-St-Zip: DEFUNIAL SPRINGS, FL 32435 US

Title: C

 Name:
 TURNER, JOHN H

 Address:
 2851 JEFFERSON ST

 City-St-Zip:
 MARIANNA, FL 32448 US

I hereby 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 all other like empowered.

SIGNATURE: G. RAY CARROLL O 01/04/2012